
Butte County Mosquito and Vector Control District

POLICY MANUAL

POLICY TITLE: Pesticide Complaints
POLICY NUMBER: 2100

2100.1 Pursuant to the California Department of Public Health (Pursuant to section 116180, Health and Safety Code) Cooperative Agreement, the District must "report to the County Agricultural Commissioner and the California Department of Public Health, in a manner specified, any conspicuous or suspected adverse effects upon humans, domestic animals, and other non-target organisms, or property from pesticide applications."

2100.2 All complaints received by the District which involve pesticide use by or for the District shall be investigated to determine their validity. In cases of alleged human exposure, or illness; environmental damage, i.e., death of domestic animals, livestock, or wildlife; or property damage the District will notify, and cooperate fully with, regulatory agencies having jurisdiction to investigate such matters.

2100.3 Pesticide related complaints that are suspected valid based on a preliminary investigation by District staff will be reported using the California Department of Public Health - Vector-Borne Disease Section incident report (Appendix A).

2100.4 In cases where a person has complained of symptoms or illness as a result of the suspected exposure to District applied pesticides, a medical examination by a qualified licensed physician should be conducted.

2100.5 In cases where environmental or property damage occurred as a result of the alleged misapplication of District applied pesticides, the District will request the investigative agency to collect physical samples and have them analyzed or examined as appropriate.

2100.5.1 In cases where any alleged environmental or property damage occurred as a result of any District pesticide application and/or misapplication, the person alleging the claim must submit a Vector Control Joint Powers Agency's (VCJPA) Form B (Appendix B) obtainable from the District office.

2100.5.2 Upon receipt of Form B from claimant, District staff will then follow the VCJPA's Procedures for Handling Claims as provided in the VCJPA manual.

2100.6 In applying this provision, the District assumes no liability to pay the costs of medical examinations or the analysis or examination of physical samples. However, the Board may authorize payment for such costs when it is in the best interest of the District to do so.

APPENDIX A

California Department of Public Health Vector-Borne Disease Section
1616 Capitol Avenue MS-7307
P.O. Box 997377 Sacramento, CA 95899-7377
Phone: (916) 552-9730 Fax: (916) 552-9725



Report of Adverse Pesticide Related Incidents

Reporting Agency:
Address:
Person Reporting:
Date: Time: Telephone: Fax:
Name of Applicator Involved:

Nature of Incident:
Pesticides Spill (Liquid / Dry)
Fire
Crop Damage
Non-Target / Secondary Effects (plants, insects, wildlife, fish)
Other
Human Exposure (Injury or Illness)
Domestic Animal / Fish Poisoning
Property Damage

Date of Incident: Time of Incident:
Location of Incident:

Product Involved (Name, EPA reg. #):
Describe the Incident (Include Equipment Involved, Property Damage, and Application Rate):

Witnesses:
Remedial Action Taken:

Other Notes:

For Human Exposures: Number of Persons Exposed: Approximate Age: M/F:
Symptoms:

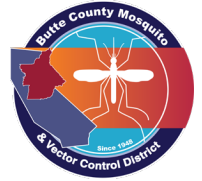
Details of Exposure:

Treating Physician or Hospital:
Address:
Phone: Fax:
Other Agencies Notified (Include Date and Time):

Received By: Date:
Title:

Appendix B

Butte County Mosquito and Vector Control District
Claim Form - Form B



(Please Type or Print in Ink)

Claim Against: _____
(Name of Entity)

Claimant's name: _____

S.S.# _____ DOB: _____ Gender: Male: _____ Female: _____

Claimant's address: _____

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: _____

Date of injuries, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury?: _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?: _____

What specific injuries, damages, or losses did claimant receive?: _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction.

Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited Civil case" [see Government Code 910(f)]: _____

How was this amount calculated (please itemize)?: _____

Signature: _____ Date Signed: _____

If signed by representative:

Representative's Name: _____ Address: _____

Telephone #: _____

Relationship to Claimant: _____