

Draft Adverse Effect Reporting Forms

The *Pest Control Products Adverse Effects Reporting Regulations* were pre-published on October 23, 2004, along with a Regulatory Impact Analysis Statement (RIAS), in the *Canada Gazette*, Part I for public comment .

The following is a draft copy of the reporting forms which pesticide companies must use when filing adverse effects information with the PMRA. The forms indicate the type of information that is required for each adverse effect category. Once the regulations are in force, the forms will be available through a secure connexion on the Internet and must be submitted to the PMRA electronically.

The first form, "Adverse Effect Report", is a generic form for all adverse effects. The remaining forms are specific to the different categories of adverse effects. One or more category specific form may be selected for each incident depending on the type of adverse effect(s) being reported.

Please submit any comments by January 6, 2005 to:

Dana Bruce, Adverse Effects Reporting Program, Health Evaluation Division, Pest Management Regulatory Agency, Health Canada, Address Locator 6605E, 2720 Riverside Drive, Ottawa, Ontario, K1A 0K9. (Fax: (613) 736-3489; E-mail: Dana_Bruce@hc-sc.gc.ca).

I) Adverse Effect Report

1. Select appropriate form(s) for the adverse effect.
 - II Adverse Effect in a Human
 - III Adverse Effect in a Domestic Animal (includes pets and livestock)
 - IV Adverse Effect in the Environment
 - V Efficacy Failure
 - VI Pesticide Resistance
 - VII Residues in Food
 - VIII Residues in Surface Water (Raw and Treated)
 - IX Residues in Ground Water (Raw and Treated)
 - X Packaging Failure
 - XI Adverse Effect Identified in a Scientific Study
 - XII Adverse Effect Reported in the Scientific Literature

The following relates to forms II to VII only. If VIII or XII are selected, go directly to respective form.

2. Date registrant/applicant was first informed of adverse effect:
3. Location of adverse effect:
 - City:
 - Province:
 - Unknown
4. Date adverse effect occurred: Unknown

Product description

If the adverse effect occurred in Canada:

5. Registration number(s) (include all tank mixes/other products involved even if they are not owned by the reporting registrant and batch number, if available):
6. If pest control product or use is not registered, provide submission number or research permit number:
7. Active ingredient(s) (only to be filled in if the registration number or submission number are not known):
8. Component or derivative, other than active ingredient (provide CAS# if available or name):

If the adverse effect occurred in US:

9. Active ingredient:
10. EPA pesticide product registration number: Unknown
11. Product name: Unknown
12. Type of formulation:
 - Liquid Wettable or soluble powder Dry flowable (water dispersible granules)
 - Dust Tablet Granular Bait
 - Other (please specify): Unknown
13. Guarantee/concentration of active ingredient (ai): Unknown

Application information

14. Application rate: Unknown
15. How many times has product been applied this season? Unknown
16. Date of last application: Unknown
17. Was product diluted? Yes No Unknown
If yes, what was the dilution rate? Unknown

18. Method of application:

- Air-blast
- Aircraft
- Backpack sprayer
- Bait station
- Fogger
- Fumigation
- Granular spreader
- Ground-boom
- Hand wand sprayer
- Hose-end sprayer
- Ready-to-use sprayer
- Other (please specify):
- Unknown

19. Site pesticide was applied to:

- Agricultural
 - Type of crop treated: Indoor (e.g. greenhouse) Outdoor
- Indoor public/commercial area (includes schools)
- Outdoor public areas (municipal parks, school yards etc.)
- Industrial
 - Specify type (e.g. wood preservative, metallurgy, antifouling paint, material manufacturing, etc.):
- Golf course
- Forest/woods
- Right-of-way (e.g. rail, utility, highway)
- Residential area
 - Inside home
 - Floor
 - Carpet
 - Hard surface
 - Furniture
 - Cracks and crevices
 - Outside home
 - Turf
 - Garden
 - Turf and garden
 - Wood structure
 - Swimming pool
- Animal (e.g. flea collar)
- Personal use (e.g. mosquito repellent)
- Other, describe:
- Unknown

20. Size of area treated:

21. Status update:

II) Adverse Effect in a Human

<p>1. Source of report:</p> <p><input type="checkbox"/> Data subject</p> <p><input type="checkbox"/> Medical professional</p> <p><input type="checkbox"/> Other</p>	<p>2. Demographic information of data subject:</p> <p>Age (approximate if not known):</p> <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>3. Exposure scenario:</p> <p>a) <input type="checkbox"/> Occupational</p> <p>Did exposure occur during:</p> <p><input type="checkbox"/> Mixing and loading</p> <p style="padding-left: 20px;">Type of mixing and loading: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Application</p> <p style="padding-left: 20px;">Did the application equipment have a closed cab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Re-entry into treated area</p> <p style="padding-left: 20px;">Amount of time between application and re-entry: <input type="checkbox"/> Unknown</p> <p style="padding-left: 20px;">What was the re-entry activity (e.g., harvesting, pruning, thinning etc.): <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Manufacturing (e.g. material preservatives etc.)</p> <p><input type="checkbox"/> Repair, maintenance or clean-up of application equipment</p> <p>Was protective clothing worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="padding-left: 20px;">If yes, check appropriate box(es): <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Long-sleeve shirt <input type="checkbox"/> Long pants</p> <p style="padding-left: 20px;"><input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Coveralls (non-chemical resistant) <input type="checkbox"/> Chemical resistant coveralls</p> <p style="padding-left: 20px;"><input type="checkbox"/> Face mask <input type="checkbox"/> Other (please specify):</p> <p>b) <input type="checkbox"/> Bystander</p> <p>Did exposure occur from:</p> <p><input type="checkbox"/> Drift of pesticide from the application site</p> <p><input type="checkbox"/> Pesticide spill</p> <p><input type="checkbox"/> Pesticide runoff</p> <p><input type="checkbox"/> Being on site during application</p> <p><input type="checkbox"/> Other (please describe):</p> <p>c) <input type="checkbox"/> Residential/Public</p> <p>Did exposure occur during:</p> <p><input type="checkbox"/> Mixing and loading</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Re-entry into treated area (e.g. direct contact with a treated surface such as lawn, carpet, pet, swimming pool, treated wood, etc.)</p> <p style="padding-left: 20px;">Amount of time between application and exposure (re-entry): <input type="checkbox"/> Unknown</p> <p style="padding-left: 20px;">What was the re-entry activity (e.g., mowing lawn, playing on lawn, weeding vegetable garden, petting dog etc.): <input type="checkbox"/> Unknown</p> <p>Was protective clothing worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="padding-left: 20px;">If yes, check appropriate box(es):</p> <p style="padding-left: 40px;"><input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Long-sleeve shirt <input type="checkbox"/> Long pants <input type="checkbox"/> Goggles or safety glasses</p> <p>d) <input type="checkbox"/> Poisoning from consumption of a product</p> <p>Was exposure: <input type="checkbox"/> Intentional</p> <p style="padding-left: 20px;"><input type="checkbox"/> Accidental</p> <p>How much pesticide was consumed? <input type="checkbox"/> Unknown</p> <p>For accidental poisonings, describe scenario:</p> <p>e) <input type="checkbox"/> Other (please describe):</p>	
<p>4. Route(s) of exposure:</p> <p><input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Eye</p> <p><input type="checkbox"/> Oral</p> <p><input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other (please specify):</p>	

Exposure data:

5. If exposure occurred during mixing, loading or applying, how much of the pest control product was handled?
 Unknown
6. Exposure duration: Unknown
7. Time between exposure and onset of symptoms: Unknown

8. Was the person examined by a physician? Yes No Unknown
9. Was the person hospitalized? Yes No Unknown
If yes, for how long:
10. Was treatment given? Yes No Unknown
If yes, describe treatment (include details such as medications prescribed etc):
11. Amount of days lost from normal activities, including work:

12. Signs and symptoms of adverse effect
Describe the adverse effect in full detail. Information to include:
- All signs and symptoms of the adverse effect
 - Duration of each symptom (hours, days, etc)
 - Severity and/or frequency of each symptom
 - Results from medical tests (if available, please input results here or provide as an electronic attachment)

13. Provide any explanatory or qualifying information surrounding the incident.

14. Severity classification: Death
 Major
 Moderate
 Minor

15. Status update:

III) Adverse Effect in a Domestic Animal

1. Source of report: <input type="checkbox"/> Animal's owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other	
2. Type of animal affected: <input type="checkbox"/> Livestock <input type="checkbox"/> Dairy cattle <input type="checkbox"/> Beef cattle <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Pig <input type="checkbox"/> Chicken (egg laying) <input type="checkbox"/> Chicken (broiler) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Companion animal <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input type="checkbox"/> Horse <input type="checkbox"/> Rabbit <input type="checkbox"/> Other (please specify):	3. Breed: 4. Number of animals exposed to the pest control product: 5. Number of animals affected: _____ female _____ male 6. Number of nursing females affected: 7. Number of pregnant females affected: 8. Weight: <hr/> 9. Route(s) of exposure: <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Oral <input type="checkbox"/> Respiratory <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify): <hr/> 10. Exposure duration: <input type="checkbox"/> Unknown 11. Time between exposure and onset of symptoms: <input type="checkbox"/> Unknown
Circumstances of exposure 12. How was the animal exposed? <input type="checkbox"/> Direct exposure: animal was treated with a pest control product (e.g., flea collar, ear tag, spray etc.). Did the animal have previous exposure to this product? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was there a reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Accidental exposure: animal was indirectly exposed to a pest control product (e.g. accidental ingestion of pesticide, contact with treated surface, spray drift, etc.). Describe circumstances: 13. Were other animals, in close proximity to the affected animal(s), treated with a different pest control product? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, with what and how much?	
14. Signs and symptoms of adverse effect Describe the adverse effect in full detail. Information to include: <ul style="list-style-type: none"> • All signs and symptoms of the adverse effect. (For example: convulsion, excessive salivation, vomiting, diarrhea, Lethargy, loss of appetite, difficulty breathing, rash, hair loss) • Duration of each symptom (hours, days, etc) • Number of animals exhibiting each symptom • Severity and/or frequency of each symptom • Results from medical tests (if available, please input results here or provide as an electronic attachment) 	
15. Was the animal examined by a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 16. Was the animal hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, for how long: 17. Was the animal treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe treatment (e.g. special diet, medication, etc.):	
18. Outcome of adverse effect (if more than one animal, indicate number of animals for each outcome): <input type="checkbox"/> Died <input type="checkbox"/> Euthanised <input type="checkbox"/> Not recovered from symptoms <input type="checkbox"/> Recovered with residual effects <input type="checkbox"/> Fully recovered <input type="checkbox"/> Unknown	
19. Provide any explanatory or qualifying information surrounding the incident.	
20. Severity classification: <input type="checkbox"/> Death <input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	
21. Status update:	

IV) Adverse Effect in the Environment

<p>1. Type of organism affected</p> <p><input type="checkbox"/> Bird</p> <p><input type="checkbox"/> Mammal</p> <p><input type="checkbox"/> Fish</p> <p><input type="checkbox"/> Aquatic invertebrate</p> <p><input type="checkbox"/> Amphibian</p> <p><input type="checkbox"/> Reptile</p> <p><input type="checkbox"/> Insect</p> <p><input type="checkbox"/> Plant</p>	<p>2. Common name: <input type="checkbox"/> Unknown</p> <p>3. Scientific name:</p> <p>4. Number of organisms affected:</p> <p>5. Age range:</p> <p>6. Description of site where adverse effect was observed:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Land</td> <td style="width: 33%;">Fresh water</td> <td style="width: 33%;">Salt water</td> </tr> <tr> <td><input type="checkbox"/> Home garden</td> <td><input type="checkbox"/> Pond</td> <td><input type="checkbox"/> Estuary</td> </tr> <tr> <td><input type="checkbox"/> Farm field</td> <td><input type="checkbox"/> Stream</td> <td><input type="checkbox"/> Bay</td> </tr> <tr> <td><input type="checkbox"/> Roadside</td> <td><input type="checkbox"/> River</td> <td><input type="checkbox"/> Ocean</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Lake</td> <td><input type="checkbox"/> Sediments</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sediments</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	Land	Fresh water	Salt water	<input type="checkbox"/> Home garden	<input type="checkbox"/> Pond	<input type="checkbox"/> Estuary	<input type="checkbox"/> Farm field	<input type="checkbox"/> Stream	<input type="checkbox"/> Bay	<input type="checkbox"/> Roadside	<input type="checkbox"/> River	<input type="checkbox"/> Ocean	<input type="checkbox"/> Other	<input type="checkbox"/> Lake	<input type="checkbox"/> Sediments		<input type="checkbox"/> Sediments	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
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	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other																				
	<input type="checkbox"/> Other																					
<p>Exposure information</p> <p>7. Was the adverse effect a result of (can select more than one):</p> <p><input type="checkbox"/> Application <input type="checkbox"/> Spill <input type="checkbox"/> Mixing/loading <input type="checkbox"/> Disposal <input type="checkbox"/> Run-off <input type="checkbox"/> Wash-off <input type="checkbox"/> Drift</p> <p><input type="checkbox"/> Other (please specify): <input type="checkbox"/> Unknown</p> <p>8. If it was a spill, please provide details such as when, where, how much and any other applicable circumstances:</p>																						
<p>Weather information</p> <p>9. Did it rain up to 3 days before pesticide application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. What were the weather conditions at the time of application?</p> <p>Temperature:</p> <p>Wind speed:</p> <p>Amount of rain:</p> <p>Intensity of rainfall: light, medium, heavy</p> <p>11. What were the average weather conditions for the few days after application?</p> <p>Temperature:</p> <p>Wind speed:</p> <p>Amount of rain:</p> <p>Intensity of rainfall: light, medium, heavy</p> <p>12. Location of the nearest weather station:</p>																						
<p>13. Were any buffer zones observed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, i) what was the type of buffer zone: <input type="checkbox"/> Aquatic <input type="checkbox"/> Terrestrial</p> <p>ii) size of buffer zone</p>																						
<p>14. Symptoms of adverse effect</p> <p>Describe the adverse effect in full detail. Include:</p> <ul style="list-style-type: none"> • All symptoms of the adverse effect (for example: death, birth defects, lethargy, leaf discoloration, reduction in seed or fruit yield, terminal bud death, stunted vegetative growth etc.) • Number of organisms exhibiting each symptom 																						
<p>15. Did the affected organisms recover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																						
<p>16. What steps (if any) were taken to clean up the area after the incident or to rehabilitate any organisms affected?</p>																						
<p>17. Were appropriate environmental samples collected and analysed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, provide analytical report, including methodology, as an electronic attachment.</p>																						
<p>18. Provide any explanatory or qualifying information surrounding the incident, such as how the adverse effect occurred.</p>																						
<p>19. Severity classification: <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Major</p> <p><input type="checkbox"/> Minor</p>																						
<p>20. Status update:</p>																						

V) Efficacy Failure

Incident description 1. Describe efficacy failure. 2. Discuss any factors which may have affected the performance of the pest control product.
Background information 3. Target pest: 4. Pest development stage at time of pesticide application: <input type="checkbox"/> Unknown 5. Pest density at time of pesticide application: <input type="checkbox"/> Unknown
6. Were additives utilized in application e.g. adjuvants, fertilizer or other modifiers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the product name and rate of application for each additive: If a registered adjuvant was utilized, provide registration number:
7. Has the same active ingredient or different active ingredient with a similar mode of action been used in previous years at this site, for the same pest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many years?
8. Weather information on the date of application Amount of rain: Temperature: Other relevant weather information (e.g. wind speed):
9. Provide any explanatory or qualifying information surrounding the incident.
10. Status update:

VI) Pesticide Resistance

Incident description 1. Describe pesticide resistance incident. 2. Discuss any factors which may have affected the performance of the pesticide.
Background information 3. Target pest: 4. Pest development stage at time of pesticide application: <input type="checkbox"/> Unknown 5. Pest density at time of pesticide application: <input type="checkbox"/> Unknown
6. Were additives utilized in application e.g. adjuvants, fertilizer or other modifiers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the product name and rate of application for each additive If a registered adjuvant was utilized, provide registration number:
7. Has the same active ingredient or different active ingredient with a similar mode of action been used in previous years at this site, for the same pest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many years?
8. Weather information on date of application Amount of rain: Temperature: Other relevant weather information:
9. If available, provide data, including methodology, as an electronic attachment.
10. Provide any explanatory or qualifying information surrounding the incident.
11. Status update:

VII) Residues in Food

1. Pesticide(s) and degradate(s) analysed for:
2. Concentration of pesticide/degradate in food:
3. Corresponding limit of detection:
4. Sample type: <input type="checkbox"/> Raw agricultural commodity <input type="checkbox"/> Prepared or processed food <input type="checkbox"/> Other <input type="checkbox"/> Unknown
5. Method of analysis (include if a confirmatory method was used in addition to the screening method):
Sample information:
6. What is the reason the sample was collected (e.g. complaint, inspection, process monitoring)? <input type="checkbox"/> Unknown
7. What organization collected the sample? <input type="checkbox"/> Provincial (specify agency) <input type="checkbox"/> Canadian Food Inspection Agency <input type="checkbox"/> Canadian Grain Commission <input type="checkbox"/> Other <input type="checkbox"/> Unknown
8. What point in the distribution channel was the sample taken from? <input type="checkbox"/> Farm <input type="checkbox"/> Warehouse <input type="checkbox"/> In transit <input type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/> Unknown
9. How large was the food commodity the sample was taken from? <input type="checkbox"/> Unknown
10. How many samples were taken? <input type="checkbox"/> Unknown
11. How large was the sample size? <input type="checkbox"/> Unknown
12. Is sample size representative of the sampled commodity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13. Was any of the violative sample retained for further analysis / confirmatory work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14. What action was taken based on the violative residue? <input type="checkbox"/> No action <input type="checkbox"/> Shipment rejected <input type="checkbox"/> Shipment destroyed <input type="checkbox"/> Other <input type="checkbox"/> Unknown
15. Provide analytical report, including methodology, as an electronic attachment.
16. Provide any explanatory or qualifying information surrounding the incident.
17. Status update:

VIII) Residues in Surface Water (Raw and Treated)

1. Date registrant/applicant was first informed of adverse effect: 2. Location of adverse effect: City: Province <input type="checkbox"/> Unknown	
3. Pesticide(s) and degradate(s) analysed for: 4. Concentration found in water: 5. Corresponding limit of detection:	
6. Date water was sampled: 7. Type of surface water sampled: <input type="checkbox"/> Raw water <input type="checkbox"/> Treated water	
<i>If raw water was sampled, answer questions 8 to 10.</i>	
8. Type of water body sampled: Fresh water <input type="checkbox"/> Pond <input type="checkbox"/> Stream <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Reservoir <input type="checkbox"/> Sediment <input type="checkbox"/> Other Salt water <input type="checkbox"/> Estuary <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Sediment 9. Name of water body and location: <input type="checkbox"/> Unknown	10. Dimensions of water body sampled. a) Surface area: b) Depth of water body: c) Volume of water body: d) If it was a reservoir, size of the watershed area:
<i>If treated water was sampled, answer questions 11 to 13.</i>	
11. Where was the treated water sampled from: <input type="checkbox"/> Water treatment plant <input type="checkbox"/> Tap <input type="checkbox"/> Other 12. If the water was sampled from a water treatment plant: a) What is the name of the water treatment plant? b) Is surface water mixed with ground water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, percentage surface water to ground water:	13. What is the source of treated water? <input type="checkbox"/> Reservoir <input type="checkbox"/> Lake <input type="checkbox"/> Stream <input type="checkbox"/> Pond <input type="checkbox"/> Dugout <input type="checkbox"/> River <input type="checkbox"/> Salt water <input type="checkbox"/> Spring <input type="checkbox"/> Standing water <input type="checkbox"/> Pit <input type="checkbox"/> Lagoon <input type="checkbox"/> Unknown
14. Was the water contamination a result of: <input type="checkbox"/> Aquatic application <input type="checkbox"/> Terrestrial application <input type="checkbox"/> Spill <input type="checkbox"/> Mixing and loading <input type="checkbox"/> Disposal <input type="checkbox"/> Run-off <input type="checkbox"/> Wash-off <input type="checkbox"/> Drift <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Unknown 15. If it was a spill, please provide details such as when, where, how much and any other applicable circumstances. 16. If the water contamination occurred as a result of terrestrial application, how many years has this active ingredient been used in the watershed area? 17. Were any aquatic buffer zones observed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, size of buffer zone:	
18. Provide analytical report, including methodology, as an electronic attachment.	
19. Provide any explanatory or qualifying information surrounding the incident including information that further explains the cause of the contamination, how it occurred, the result and any remediation efforts.	
20. Status update:	

IX) Residues in Ground Water (Raw and Treated)

<p>1. Date registrant/applicant was first informed of adverse effect:</p> <p>2. Location of adverse effect: City: Province: <input type="checkbox"/> Unknown</p>	
<p>Groundwater sampling results</p> <p>3. Pesticide(s) and degradate(s) analysed for:</p> <p>4. Concentration found in water:</p> <p>5. Corresponding limit of detection:</p> <p>6. Date water was sampled:</p> <p>7. Source of sample (e.g. tap; directly from well):</p> <p>8. Were physical and chemical parameters measured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>Description of affected site</p> <p>9. Depth of groundwater: <input type="checkbox"/> Unknown</p> <p>10. Well use (e.g. drinking, irrigation):</p> <p>11. Depth of screened interval:</p> <p>12. Soil series: <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Silt <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>13. Aquifer description: <input type="checkbox"/> Confined <input type="checkbox"/> Unconfined <input type="checkbox"/> Unknown</p> <p>14. pH of water:</p>	<p>How was the site exposed</p> <p>15. Was the water contamination a result of: <input type="checkbox"/> Application <input type="checkbox"/> Spill <input type="checkbox"/> Mixing and loading <input type="checkbox"/> Disposal <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Unknown</p> <p>16. If it was a spill, please provide details such as when, where, how much and any other applicable circumstances.</p> <p>17. Were there any previous spills in the vicinity of the water contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please provide details such as when, where, how much and what:</p> <p>18. How many years has this active ingredient been used in the area?</p>
<p>19. Location of the nearest weather station:</p> <p>20. Are the fields irrigated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, type of irrigation system used?</p>	
<p>21. Provide analytical report, including methodology, as an electronic attachment.</p>	
<p>22. Provide any explanatory or qualifying information surrounding the incident including information that further explains the cause of the contamination, how it occurred, the result and any remediation efforts.</p>	
<p>23. Status update:</p>	

X) Packaging Failure

<p>1. Date registrant/applicant was first informed of adverse effect:</p> <p>2. Location of adverse effect: City: Province <input type="checkbox"/> Unknown</p> <p>3. Date the incident occurred:</p> <p>4. What is the registration number of the product:</p> <p>5. What is the type of packaging (e.g. water soluble packaging, bait station, aerosol, etc.)?</p> <p>6. Did packaging failure occur during: <input type="checkbox"/> Use of the product <input type="checkbox"/> Storage <input type="checkbox"/> Transportation <input type="checkbox"/> Other (please describe):</p> <p>7. Describe how the packaging failed and the circumstances under which it happened:</p>
<p>8. Was there human exposure due to the packaging failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, i) approximately how much product was the person exposed to (e.g. half of the container, 10 ml, etc.)? ii) what was the route of exposure: <input type="checkbox"/> Dermal <input type="checkbox"/> Hands <input type="checkbox"/> Torso <input type="checkbox"/> Head <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Respiratory <input type="checkbox"/> Oral <input type="checkbox"/> Eye</p>
<p>9. Provide any explanatory or qualifying information surrounding the incident.</p>
<p>10. Status update:</p>

XI Adverse Effect Identified in a Scientific Study

<p>1. Has the study already been submitted to PMRA? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, provide submission number and date submitted: If no, provide the study as an electronic attachment.</p> <p>2. If translation is required, is an extension needed? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes: i) for how long? ii) attach a summary of the study in English or French.</p>
<p>3. Study reference: Author(s): Date: Title:</p>
<p>4. Registration number of pest control product or, if not known, active ingredient(s):</p>
<p>5. Type of study (e.g. epidemiology study):</p> <p>6. Type of adverse effect identified in the study: <input type="checkbox"/> New health or environmental hazard <input type="checkbox"/> Increased health or environmental risk <input type="checkbox"/> Efficacy failure <input type="checkbox"/> Presence of a component or derivative</p> <p>7. Describe the adverse effect identified in the study (e.g. study demonstrates an increased risk to non-Hodgkin's lymphoma after exposure to pesticide X)</p>
<p>8. Was the study discontinued before completion? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, provide reason for discontinuation:</p> <p>9. If the study is ongoing, what is the expected completion date?</p>
<p>10. Provide any explanatory or qualifying information surrounding the incident.</p>
<p>11. Status update:</p>

XII) Adverse Effect Reported in the Scientific Literature

<p>1. Article reference Author(s): Journal: Issue/volume/page number: Date: Title of article:</p>
<p>2. Active ingredient(s):</p>
<p>3. Type of adverse effect:</p> <ul style="list-style-type: none"><input type="checkbox"/> Human death<input type="checkbox"/> Human major<input type="checkbox"/> Domestic animal death<input type="checkbox"/> Domestic animal major<input type="checkbox"/> Environment severe<input type="checkbox"/> Adverse effect identified in a scientific study:<ul style="list-style-type: none"><input type="checkbox"/> New health or environmental hazard<input type="checkbox"/> Increased health or environmental risk<input type="checkbox"/> Efficacy failure<input type="checkbox"/> Presence of a component or derivative
<p>4. Describe the adverse effect identified in the article (e.g. article indicates an increased risk to non-Hodgkin's lymphoma after exposure to pesticide X):</p>
<p>5. Provide any explanatory or qualifying information surrounding the incident.</p>