-001

FIFRA 6(a)(2) Aggregate Incident and Effect Information Submission Form (Suggested Format)

Submission Date: 6/14/14

Page # ___ of ___

Product Registration #	Time Period Covered	Total Incidents =
70506 - 13	5/10 5/23/14	2

Active Ingredient(s)	Product Name (if known)
Aluminum Phosphide	Weevil Cide

Internal ID	Exposure Types and Severity Category Designations									
	H-D	H-E	D-A	D-B	D-C,D,E	W-B	P-B	ONT	G-E	G-C
1) 201405100 1										
2) 201405230 2	1, 2									

Additional information: 1) Inhalation exposure allegation followed by dry heaving and dizziness - no further contact after caller referred to RMPDC.
2) Exposure after spreading tablets for 3 days - allegation of weakness, numbness caller referred to physician - no further contact