Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter name: [redacted]	Submission date:	Contact person (if different than reporter)	Internal ID *1-45585423*
	Address: *Texas*		Address:	
	Phone #: [redacted]		Phone #:	
	Incident Status: *New*	Location and date of incident *Texas* *09/12/2016*	Date registrant became aware of incident: *9/14/2016*	Was incident part of larger study?

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *239-2657*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Glyphosate, Imazapyr*	A.I. (s)	A.I. (s)
	Product 1 Name *GroundClear Complete Vegetation Killer (Conc)*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *Yes*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) *Own Residence*	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) *See Description Notes*
	Applicator certified PCO? *Not applicable*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description*		

9/14/2016 9:48:19 AM GroundClear Complete Vegetation Killer (Conc)
EPA 239-2657

Caller states her husband was mixing product into a sprayer with water when some of the conc splashed into his mouth. He tasted it but did not swallow. He rinsed his mouth out. Happened Monday (9/12)

That night he developed nausea and was nauseous all the next day. The night of 9/13 he developed severe v (13x) and severe diarrhea (all thru the night). Related?

A: - A TTL could cause a bad taste but little else. If some was swallowed, could see mild GI upset within minutes to several hours later. Sxs would be temp and minor though.
- Your husband's sxs are much more severe than would expect and likely something else is going on.

Caller states her husband in a heart patient on lots of meds - has had 6 heart attacks and 5 surgeries.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information Age: ***Unknown Adult (18-64)*** Sex: ***Male*** Occupation: (if relevant)	Exposure route: ***Ingestion***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***Not applicable***
If female, pregnant? ***Did not query***	Was exposure occupational? ***No*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***See Symptoms***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***On-site***	List signs/symptoms/adverse effects. ***Diarrhea, 24 hrs or less;*** ***Nausea, 12 hrs or less;*** ***Unpleasant taste, 15 min or less;*** ***Vomiting, 24 hrs or less;***		If lab tests were performed, list test names and results (If available, submit reports). ***Not Reported***
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-45585423