-004

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: *08/28/2017*	Contact person (if different than reporter)	Internal ID *1-48836661*
	Address: *Iowa*		Address:	
	Phone #: [redacted]		Phone #:	
	Incident Status: *New*	Location and date of incident *Iowa* *06/19/2017*	Date registrant became aware of incident: *7/3/2017*	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *100-1385*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) *Fomesafen, Glyphosate Acid*	A.I. (s)	A.I. (s)	
	Product 1 Name *Flexstar GT 3.5 Herbicide*	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 - *Liquid*	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*			

7/3/2017 2:06:01 PM Flexstar GT 3.5 Herbicide
EPA Reg: Caller didn't have

Hx: We have an organic farm. On 20-JUN-2017, the neighboring traditional farmer was spraying the diluted product and some of the drift got onto our property. I didn t know about it until later that day when I was in my garden picking vegetables. My daughter and I started having breathing problems. It started off as chest pain for me, then I got really dizzy, had trouble getting the words out straight, became disoriented, lymph nodes swollen, and sweating constantly. My daughter says she struggles to fill her lungs and when she finally does she feels like she had a pop. We then contacted our neighbor who said he had been spraying. We weren t exposed to the drift mist, just the dried product when we were in the garden. We ve been to see the doctor, but haven't gotten any answers. The symptoms have gotten better, but haven't gone away. I have 7 children and the others haven't had any symptoms. The state inspector was out 8 days later to collect samples as my vegetables have died and the tops of my lilacs have died. Is this going to cause us life-long problems? How long will this stay in our systems? Do you have a database that documents medical cases from exposures?

A:
-I do not keep any statistics on exposure, but you might contact CS as they might have this information.
-I would not expect any side effects from exposure to the dried product.
-I would not expect any long-term effects from the exposure you describe.
-Exposure to the mist might cause mild respiratory symptoms as described below, but I would not expect the persistence of symptoms that you are describing.
- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.
- The patient should be removed from the source of the fumes and placed in an area with fresh air and adequate ventilation.
- Ventilate the area by opening outside doors and windows. Consider adding portable fans until the odor has dissipated. You may also wash treated surfaces with an appropriate household cleaner.
- Patients who smoke or have underlying respiratory conditions may experience more pronounced symptoms that require medical attention. Inhalers or nebulizer therapy indicated for acute respiratory symptoms may be used in the prescribed manner as symptoms dictate.
- Seek medical attention if the patient's symptoms do not resolve within the next 30 minutes. If the patient develops shortness of breath or difficulty breathing, call 911.
- Please call back with any additional questions or concerns.
-Please continue to work with your HCP to further treat your symptoms.

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: ***Female*** Occupation: (if relevant)	Exposure route: ***Inhalation***	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. ***Other Respiratory - Chest pains, Unable to determine;***		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 #
1-48836661