

**Five (5)-DAY ADVERSE INCIDENT
REPORT FOR THE PESTICIDE GENERAL PERMIT**

This form is for operators required to submit a written report of any reportable adverse incidents to DWQ. Where multiple operators are authorized for a discharge that results in an adverse incident, reporting by any one of the operators constitutes compliance for all of the operators, provided a copy of this report is also provided to all of the other authorized operators within 5 days of the reportable adverse incident.

A. Reportable Adverse Incident

Is the adverse incident reportable? Reporting of adverse incidents is not required in the following situations: (a) An operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An operator has been notified by DWQ, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents; (c) An operator receives information of an adverse incident, but that information is clearly erroneous; or (d) An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

- Yes. You must complete this report and submit it to DWQ.
- No. STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned on such.

B. Information from the 24-Hour Adverse Incident Notification

When an operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the operator must immediately notify DWQ by phone within 24 hours of the operator becoming aware of the adverse incident. In addition operators must submit this written report to DWQ and attach additional information if necessary, within 5 days of the incident.

1. Caller's Contact Information:

a. Name:

b. Telephone Number: -- Ext

2. Operator Information:

a. Operator Name:

b. Mailing Address:

Street:

City: State: ZIP Code: -

3. UPDES Permit Number: (Enter "NA" if not applicable)

4. Contact person, if different than the person providing the 24-hour notice under item 1 above:

a. Name:

b. Telephone Number: -- Ext

5. Describe how and when the operator became aware of the adverse incident:

6. Describe the location of the adverse incident:

D. Other Information Required in the Five (5) Day Adverse Incident Report

Please attach additional information if necessary.

1. Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc.):

2. Describe the circumstances of the adverse incident including species affected, estimated number of affected individuals, and approximate size of dead or distressed organisms:

3. Describe the magnitude and scope of the affected area (e.g. aquatic square area or total stream distance affected):

4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA pesticide registration number (EPA Reg. No.).

Pesticide application rate:	<input type="text"/>	Pesticide application rate:	<input type="text"/>
Intended use site:	<input type="text"/>	Intended use site:	<input type="text"/>
Method of application:	<input type="text"/>	Method of application:	<input type="text"/>
Pesticide Product:	<input type="text"/>	Pesticide Product:	<input type="text"/>
EPA Reg. No.:	<input type="text"/>	EPA Reg. No.:	<input type="text"/>

5. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied):

6. Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.):

7. Describe the actions to be taken to prevent recurrence of adverse incidents:
