

TWENTY-FOUR (24) HOUR ADVERSE INCIDENT NOTIFICATION

As reported to the State Watch Office by telephone at (800) 320-0519

Reported by _____

Date & Time of report: _____

State Watch Office Representative accepting report: _____

Pursuant to Rule 62-620.610(20),F.A.C. the following information must be supplied by phone to the State Watch Office within 24 hours of observance, or receipt of notification, of an adverse incident:

Caller's name, address, phone _____

Operator's name, address, phone _____
(if different from caller) _____

Generic permit number _____

Contact person, phone _____

Date & time of Adverse Incident _____ Status: _____ Ongoing _____ Ceased

Date & time Operator became aware of Adverse Incident _____

Method of Notification to Operator: _____ Employee (name) _____

_____ Member of Public (name, address, phone) _____

_____ In person _____ By phone _____

_____ In writing (keep copy for records) _____

Description of location or address of Adverse Incident _____

Water body affected (if any) _____

Description of the Adverse Incident _____

EPA pesticide registration number for each product applied to area _____

Description of corrective measures _____

Other persons or agencies contacted _____

