health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

PESTICIDE/CHEMICAL INCIDENT REPORT FOR

January 2022

Pesticides/ chemical incident report form

Special Instructions / Information on Usage of Form

1. This tool will replace the old “Epidemiological Investigation: Toxicology form” from the Department of National Health and Population Development. This form is available on the Department of Health’s website at www.doh.gov.za. Starting from April 2011.

2. The purpose of the tool is to ensure that information gathered during an investigation of a pesticide / chemical poisoning is much more comprehensive, integrated and practical so that national statistics are accurate, and poisoning prevented through relevant interventions, strategies and actions. Further, it will impact directly on policy and legislative changes.

3. In terms of the Rotterdam Convention, of which South Africa is a signatory, all human health incidents must be reported to the Secretariat of the Convention. In South Africa, the Designated National Authority is the National Department of Environmental Affairs to which the national Department of Health must report these incidents on a six-monthly basis. This new form complies with and is in line with the human health incident report form outlined by the Rotterdam Convention. http://www.pic.int/ (see forms and instructions).

4. Reporting procedure: Once the form/s are completed, the Municipality must forward them to the province. Province will then submit them to the national Department of Health at: Fax: (012) 395 8802

5. E-mail: Ramsook.Loykisoonlal@health.gov.za or Flavia.Makobe@health.gov.za

6. All questions must be completed fully, as far as possible, by the Environmental Health Practitioner (EHP).

7. For more information, please contact:
   Ramsook Loykisoonlal
   Tel: 012 395 8781
   Cell: 082 308 2211

Pesticides/ chemical incident investigation report form

This form should be completed for each individual exposed in a given incident Please fill in the blank spaces and tick the appropriate block/s

I. Patient Information – Demographics

1.	Name of Patient								
2.	Address of Patient	Residential:							
		Work: (if applicable)							
3.	Questionnaire information provided by		Patient			Mother/parent/ caregiver			
			Farmer/manager						
			Other (please specify)						
4.	Contact details of patient/care giver								
5.	Address where poisoning occurred:								
6.	Sex		Male				Female		
7.	Date of birth (DD/MM/YY)	D	D	M	M	Y	Y	Y	Y
	or Age								
	If age unknown		Child (0-5yrs				Child (6-12yrs)		
			Adolescent (13-17yrs)				Adult (18 yrs and older)		
8.	Race		African				Coloured		
			White				Asian/Indian		
9.	Occupation								
10.	Grade/Standard passed *(indicate which)*								

11.	Main activity of patient at time of exposure (check one or more of the following):					
		Home garden application		Lead paint		School/creche
		Application in industry		Mixing/loading		Veterinary/pet application
		Household application		Vector control application		Manufacturing
		Selling pesticides/ chemicals		Reused empty container		
		Other (please specify)				

12.	Were other individuals poisoned in the same incident?	Yes		No
12.1	If yes, please supply names and contact details:			

II. Pesticide / Chemical Involved

13.	Name of the active ingredient(s) in the formulation					
14.	Trade name and name of manufacturer					
15.	Type of formulation (check one of the following):					
		Liquid/Emulsifiable Conc. (EC)		Wettable Powder (WP)		Dustable powder (DP)
		Water Soluble Powder (SP)		Vapour		Tablet (TB)/ balls
		Granular (GR)		Coil/pads		Pellets/bait
		Shampoo		Lotion/roll-on		

	Other (please specify)							
	If not known, describe pesticide/ chemical as best as possible (colour, smell, liquid, granules, etc)							
16.	Relative amount of each active ingredient in the formulation (per cent concentration, g/l, etc.) (if available):							
17.	If exposed to more than one pesticide/chemical formulation at the same time, respond to all points below for each formulation:							
	(i) Was the pesticide/chemical in its original container?				Yes		No	
	(ii) Was the label available and legible?				Yes		No	
	If yes, was patient able to read and understand health and safety information on label?				Yes		No	
	If no, why not		Low literacy level		Cannot read label language		Was not aware of health and safety information on label	
	Copy/ies of the label(s) attached?				Yes		No	
18.	Application method: (How was product applied e.g. hand, bucket and brush, soil injection, spray, irrigation, aerial (helicopter, plane, etc)?)							
19.	Describe why the pesticide/chemical was being used:							

20.	Where was the pesticide/chemical sourced from?					
		Local store/ supermarket		Farmer's cooperative		Street vendor/informal market
		From pesticide/ chemical store on farm		Provided by farmer/ manager		Pesticide/ agrochemical dealer
		Other (please specify				
21.	Name of supplier of pesticides/ chemical:					
22.	Pesticide/ chemical GHS hazard classification:					
23.	Does the pesticides/chemical require product registration?		Yes		No	
24.	Is the pesticides/chemical restricted/prohibited?		Yes		No	

III. Pesticide / Chemical Involved

25.	Date of poisoning:		D	D	M	M	Y	Y			
26.	Location of poisoning:	Farm/village/factory/company/work premises									
	Other (please specify										
27.	Time of poisoning		Morning		Midday		Afternoon				
			Dusk (just before dark)				Night-time				
28.	Cause of poisoning		Accidental		Occupational (during work)		Homicide				
			Suicide		Domestic use		Intentional		Uncertain		
			Other (please specify)								

29.	Describe in detail ow the incident occurred:						
30.	Patient's reaction to pesticide/chemical exposure (tick one or more of the following):						
		Dizziness		Headache		Blurred vision	
		Excessive sweating		Hand tremor		Convulsion	
		Staggering		Narrow pupils/miosis		Excessive salivation	
		Nausea/vomiting		Other symptoms (please specify)			
31.	Outcome:		Survived		Died		
32.	Route of exposure (check main route or more than one if applicable)						
		Mouth (ingestion)		Skin (absorption)		Eyes		Inhalation
		Other (please specify)					
33.	Interventions (can tick more than one)						
		Saw traditional healer		Saw minister of a religion		Went to a private doctor	
		Went to clinic		Went to hospital			
		Other (please specify)					
34.	Hospitalisation		No		Yes, but not ICU		Yes, in ICU		Unknown
35.	Treatment given		No		Yes		Unknown		
36.	Was the person poisoned in the previous year(s) by pesticides/chemicals?				No		Yes		

	If yes, when				
	What active ingredient(s)				
37.	Has the site where the poisoning occurred (farm, home, workplace, ect.) in the last year reported any pesticides/chemical poisoning?				
		No		Yes, when	

IV. Workplace Poisoning

38.	Occupational setting				Agriculture		Pest control operator	
		Forestry			Transport – road		Street/informal market vendor	
		Distribution/sales			Transport – sea		Govt/ municipal sprayer	
		Factory worker			Veterinarian		Industry	
		Other (please specify)						
39.	Was personal protection equipment (PPEs) available to worker when poisoning occurred?					Yes		No
40.	Was personal protection equipment (PPEs) used during application?					Yes		No
	If no, please explain why?							
	If yes, briefly describe (check one or more of the following)							
		Gloves		Overalls		Eyeglasses		Respirator
		Dust mask		Boots/shoes		Long-sleeve shirt		Long pants
		Other, please specify						
41.	Has the worker had training on pesticide/chemical health and safety in the last five years?					Yes		No
42.	Application method: (how was produce applied eg hand, bucket and brush, soil injection, spray, drip irrigation, aerial (helicopter, plane etc.)?)							

	Other (please specify)									
43.	Briefly describe climatic conditions are the time poisoning occurred with respect to:									
	a. Raining		Yes		No					
	b. Wind		No wind		Light breeze		Windy			
	c. Humidity		Dry		Humid					
	d. Sun		Rising		Full sun		Setting		Cloudy/ overcast	
	e. Any other factors (please specify)									

V. Interventions (for guidance, refer to Step 4 of investigation steps and Annexure E of the guideline)

44.	What interventions did the EHP institute took?							
		Health education		Training		Awareness		Distribution of IEC material
		Other please specify						

VI. Person completing report

45.	Name and address of EHP										
46.	Contact details:										
	Tel:	0	0	0	0	0	0	0	0	0	0
	Cell:	0	0	0	0	0	0	0	0	0	0
	Fax:	0	0	0	0	0	0	0	0	0	0
	E-mail										
47.	Date of investigation										
48.	Signature of EHP										