

Non-Performance Reporting Form For Horticultural Pesticides

I am a:

- Farmer
 Agronomist/Product Reseller
 Health Professional
 Affected Bystander or neighbour
 Product Registrant
 Pest Control Operator
 Other (please specify)

I am reporting:

- An adverse human reaction
 An adverse plant or animal reaction (including side effects, toxicity, allergy, crop death/damage, residues)
 Lack of effect/poor efficacy
 Environmental damage
 Other (please specify)

Please note: To check a box, double click on the box and select "checked" in the default value section. To type in information in the grey shaded area, click on the shaded area and begin typing. To enter a date, highlight the grey shaded area containing "Enter date" and type the appropriate date in.

Product Details

Product Name (if known)

Active Ingredient (if known)

Details of Manufacturer/Registrant (if known)

As listed on label NRA/APVMA No. Batch No. Expiry Date

Storage details (<30°C); (<25°C); (4°C) etc

Was the product used according to the label instructions as listed on the APVMA website (<http://www.apvma.gov.au/permits/search.php>)? Yes No

Were other product(s) used at the same time as this product, eg. adjuvants, wetting agents, tankmix with other pesticides? Yes No

If yes, please provide the details (including dose/rate, mode of application, etc)

Affected Crop/Plant, Animal or Human

Crop/Plant

Exposure Type: Target Crop/Plants Spray Drift Other

Crop Type Variety

Area Affected Area Exposed Growth Stage

Animal or Human

Animal Human (please select one)

No. Treated/Affected Species (animals only)

No. Dead Age Breed

Sex: Male Female Approximate Weight

Physiology: Desexed Pregnant Lactating

Product Treatment Details

Product treatment/use/exposure First Occasion am pm

Last Occasion am pm

Dose/Application (eg. frequency, rate, duration of use, mode of application, etc)

Who applied the product: Self Contractor Unknown Other (specify)

Purpose of Product use (if known)

Adverse Experience – Tell Us What Happened

First noticed: Date Time

Time between exposure & onset

If you applied the chemical did you seek any professional advice prior to application of the chemical? Yes
 No

What occurred and what signs/effects were observed?

Other factors which may have influenced the outcome (ie. weather, feed, water and/or pre-existing conditions, etc)

Outcome: Recovery Ongoing Death/Destroyed/Euthanised

Date of Outcome:

Reporting Person/Entity

Name Organisation

Address

Phone Fax

Email

Other Contact

Health Professional Veterinarian Affected Person Other (specify)

Name Organisation

Address

Phone Fax

Email

PLEASE NOTE: The information provided by you in this form will be retained by HAL in hardcopy and/or electronically. It will also be forwarded to the Australian Pesticide and Veterinary Medicines Authority (APVMA) to allow them to assess whether the adverse effect is associated with the use of an agriculture chemical.

In conducting an assessment of this report, HAL may need to forward your report to other Australian Commonwealth, State or Territory government agencies, the person or business responsible for distributing this product in Australia, or any relevant third party required to provide advice to HAL on this matter. In filling in this form with your contact details and forwarding it to HAL, you are consenting to the sharing of the information presented in this document as indicated above.