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.

Α.	Re	porta	ible	Adv	erse	Inci	iden	t

indicate and ret informa	adverse incident reportable? Reporting of adverse incidents is not required in the following situations: (a) An operator is aware of facts that the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An operator has been notified by DWQ, ains such notification, that the reporting requirement has been waived for this incident or category of incidents; (c) An operator receives ation 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 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.
When a	rmation from the 24-Hour Adverse Incident Notification an operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, erator must immediately notify DWQ by phone within 24 hours of the operator becoming aware of the adverse incident. In addition operators must this written report to DWQ and attach additional information if necessary, within 5 days of the incident.
1. Ca	ller's Contact Information:
a.	Name:
b.	Telephone Number:
2. Op	erator Information:
a.	Operator Name:
b.	Mailing Address:
	Street:
	City: ZIP Code: ZIP Code:
3. UP	DES Permit Number: (Enter "NA" if not applicable)
4. Co	ntact person, if different than the person providing the 24-hour notice under item 1 above:
a.	Name:
b.	Telephone Number: Ext Ext
5. Des	scribe how and when the operator became aware of the adverse incident:
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6. Des	scribe the location of the adverse incident:
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Certification certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system esigned to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my nowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the ossibility of fine and imprisonment for knowing violations.
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Instructions for Completing and Submitting the Five (5) Day Adverse Incident Written Report for the Pesticide General Permit

Who Must Submit a 5-day Adverse Incident Report?

All operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part III.G.4 of the permit must submit on adverse incident report. An adverse incident, as defined in Part V.4 of the permit, is an unusual or unexpected incident that an operator has observed upon inspection or of which the operator otherwise became aware.

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

When to File the Adverse Incident Report

Operators must provide a written report of any reportable adverse incidents to DWQ within 5 days of the adverse incident.

Where to File the 5-day Adverse Incident Report

Submit the report to:

Division of Water Quality

Pesticide Permit Program Coordinator

195 North 1950 West

PO Box 144870

Salt Lake City, Utah 84114-4870

<u>or</u>

dghall@utah.gov