Introduction to the Severely Hazardous Pesticide Formulation Report Form - Human Health Incidents -

The severely hazardous pesticide formulation report form consists of three sections:

Introduction, the text is intended to provide relevant background information on the Rotterdam Convention and how the information collected by the form and submitted by the Designated National Authority will be used.

Part A is to be completed by the Designated National Authority once he/she receives Part B from the field. It reflects the information requirements of part 1 of Annex IV of the Convention. There is some redundancy between Parts A and B of the form particularly with respect to information on product identity. It was thought that this redundancy might help countries to consolidate responses by using Part A of the form to report on more than one incident for the same formulation.

Part B is designed to provide "*a clear description of the incidents related to the problem, including the adverse effects and the way in which the formulation was used*" (part 1 paragraph g of Annex IV of the Convention). The form has been constructed around these points. It consists of a series of closed questions or checklist that captures the basic information needed with options for including additional information where it is available.

SEVERELY HAZARDOUS PESTICIDE FORMULATION REPORT FORM

1. Purpose of this form

The Severely Hazardous Pesticide Formulation (SHPF) Report form was developed to facilitate the identification of candidate formulations for inclusion in the Rotterdam Convention. The Convention provides a mechanism for countries to decide whether or not they wish to receive future shipments of such pesticide formulations and for ensuring compliance with these decisions by exporting countries.

2. What is the Rotterdam Convention?

The Rotterdam Convention on the Prior Informed Consent (PIC) Procedure for Certain Hazardous Chemicals and Pesticides in International Trade promotes a shared responsibility between importing and exporting parties in the international trade of certain hazardous chemicals. It gives importing countries the power to decide which chemicals they want to receive and to exclude those they cannot manage safely. The Convention includes provisions for developing countries and countries with economy in transition, that are experiencing problems with severely hazardous pesticide formulations under conditions of use, to identify the formulations as candidates for inclusion in the Convention. Further information on the operation of the Rotterdam Convention may be found at www.pic.int

3. What is the severely hazardous pesticide formulation report form?

This form consists of two parts Part A and Part B. Part A (Transmittal Form) is to be used by the Designated National Authority (DNA) to transmit an incident report form to the Secretariat. Part B (Pesticide Incident Report Form) has been developed to collect the information required by the Convention, that is a clear description of the incidents related to the use of a severely hazardous pesticide formulation, including the adverse effects and the way in which the formulation was used. Part B of the form consists of a series of closed questions or checklist that captures the basic information needed with options for including additional information where it is available. It is fully compatible with programs collecting quantitative information on pesticide poisonings in support of epidemiological studies or national programmes concerning the reporting of adverse effects associated with pesticide use. The format has been developed so that it might be widely used by States, aid agencies, intergovernmental organizations and non-governmental organizations etc., in reporting on pesticide incidents. If there are other formats available that meet the information requirements of Parts 1 and 3, Annex IV of the Convention, they may also be used in preparing a submission and forwarded through the DNA to the Secretariat together with Part A of the SHPF form. There is some redundancy between Parts A and B of this form. It was thought that this might help countries to consolidate responses by using Part A of the form to report on more than one incident for the same formulation.

4. What happens to the completed form?

Once Part B- Incident report form has been completed to the extent possible based on the information available, it should be forwarded to the DNA. The DNA is to coordinate the completion of Part A- Transmittal form and forward the entire document to the Secretariat. The Secretariat is required to collect additional information including physico-chemical and toxicological properties of the pesticide formulation, information on incidents related to the formulation in other States, the existence of handling or applicator restrictions in other states and risk and/or hazard evaluations where available. This information along with the completed form is reviewed by the Chemical Review Committee (CRC). The CRC will decide whether or not to recommend the inclusion of the pesticide formulation in the Rotterdam Convention.

Your cooperation in completing this form and your contribution for the identification of severely hazardous pesticide formulations posing problems under conditions of use is greatly appreciated. If you have any questions or comments relating to the completion of this form please contact the Secretariat at the address below.

Secretariat for the Rotterdam Convention Food and Agriculture Organization of the United Nations (FAO) Viale delle Terme di Caracalla 00100 Rome, Italy Tel: (+39 06) 5705 3441 Fax: (+39 06) 5705 6347 E-mail: pic@pic.int	OR	**Secretariat for the Rotterdam Convention** United Nations Environment Programme (UNEP) 11-13, Chemin des Anémones CH – 1219 Châtelaine, Geneva, Switzerland Tel: (+41 22) 917 8177 Fax: (+41 22) 917 8082 E-mail: pic@pic.int

PART A - TRANSMITTAL FORM - DESIGNATED NATIONAL AUTHORITY

Information required from a Designated National Authority	
1	Name of the formulation : .....
2	Type of formulation: (*for example EC, WP, DP, GR, TB*)..... .....
3	Trade name and name of producer, if available:.....
4	Name of the active ingredient or ingredients in the formulation:..... .....
5	Relative amount of each active ingredient in the formulation: ..... (*% concentration*).....
6	Attach copy of the label(s), if available (or describe the key aspects of the label: language, etc.).
7	Common and recognized patterns of use of the formulation within the country – ➢ the formulation is registered / permitted for use in the country? ➢ what uses are permitted? ➢ are there any handling or applicator restrictions specified as a condition of registration; ➢ information on the extent of use of the formulation, such as the number of registrations or production or sales quantity (indicate the source of information); ➢ other information on how the formulation is commonly/typically used in the country (***this information should be submitted on a separate sheet attached to the completed form***)
8	A clear description of incidents(s) related to the problem, including adverse effects and the way in which the formulation was used (for example *Part B pesticide incident report form identifies key elements and appropriate level of detail*). Other report formats which may exist at the national level may also be used, provided they contain comparable information.
9	Any regulatory, administrative or other measure taken, or intended to be taken, by the proposing Party in response to such incidents.

Date, signature of DNA and official seal:

PLEASE RETURN THE COMPLETED FORM TO:		
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PART B - PESTICIDE INCIDENT REPORT FORM

This form should be completed for each individual exposed in a given incident - Where an incident involves more than one formulation please complete Section I and question 13 for each.

I. Product identity: *What formulation was used when the incident took place.*

1. **Name of the formulation**: .....

2. Type of formulation (check one of the following)

☐ *Emulsifiable Conc. (EC)* ☐ *Wettable Powder (WP)* ☐ *Dustable powder (DP)*
☐ *Water Soluble Powder (SP)* ☐ *Ultra Low Volume (ULV)* ☐ *Tablet (TB)*
☐ *Granular (GR)* ☐ *other, please specify:*.....

3. Trade name and name of producer, if available: .....

4. Name of the active ingredient(s) in the formulation: .....

5. Relative amount of each active ingredient in the formulation: .....
(*% concentration, g/l, etc.*)

6. Attach copy of the label(s), if available.

II. Description of the incident: *How the formulation was used.*

7. Date of incident: (M/DD/Year).....

8. Location of incident: village/city:.....
province/state/region:.....
country:.....

9. Person exposed (identity should be checked and recorded before submission of the form)

Sex: ☐ male ☐ female ☐ age: .....

If age unknown: ☐ child (<14yrs) ☐ adolescent (14-19 yrs) ☐ adult (>19yrs)

10. Main activity at time of exposure (*check one or more of the following*):

☐ *application in field* ☐ *mixing/loading* ☐ *veterinary therapy*
☐ *household application* ☐ *vector control application* ☐ *human therapy*
☐ *re-entry to treated field* ☐ *other, please specify:* .....

11. Was protective clothing used during application? ☐ no ☐ yes

If no, please explain why:.....

If yes, briefly describe (check one or more of the following):

☐ *gloves* ☐ *overalls* ☐ *eye glasses* ☐ *respirator* ☐ *other, please specify:*
☐ *face mask* ☐ *boots/shoes* ☐ *long-sleeve shirt* ☐ *long pants* .....

12. Information on how product was being used:

(a) Location of exposure/incident (*field, garden, greenhouse, house, etc.*) .....

(b) List the animals/crop(s)/stored products treated if relevant: .....

(c) Application method: (*How product was used* e.g. *hand, bucket & brush, soil injection, spray (backpack, tractor mounted,etc), drip irrigation, aerial (helicopter, plane etc.*)):
.....

(d) Dose applied/concentration *(or amount of pesticide applied)*.....

(e) Duration of the exposure period: ☐ hours ☐ ½ day ☐ day ☐ other (specify): .....

13. If more than one pesticide formulation was used at the same time, please respond to points i) to iv) below for each formulation. (*see also Part I Product Identity*)

i) Was the pesticide in its original container? ☐ no ☐ yes

ii) Was the label available? ☐ no ☐ yes

If yes, was exposed individual able to read and understand label? ☐ no ☐ yes

iii) Does the label include the reported use? ☐ no ☐ yes

If no, describe how the use reported above differs from that recommended on the label:
(*use a separate page if necessary*).....

iv) Is the reported incident typical of how the formulation is generally used? ☐ no ☐ yes

14. Climatic conditions under which the incident occurred (eg. *temperature, relative humidity*,...):
.....

15. Were other individuals affected in the same incident? ☐ no ☐ yes

16. Include any other details that may be useful in describing the incident and the way in which the formulation was used, in particular how the use reported here reflects common or recognized use patterns for this formulation (*additional pages may be attached).*

III. Description of adverse effects:

17. Individual's reaction (check one or more of the following):

☐ *dizziness* ☐ *headache* ☐ *blurred vision* ☐ *excessive sweating*

☐ *hand tremor* ☐ *convulsion* ☐ *staggering* ☐ *narrow pupils/miosis*

☐ *excessive salivation* ☐ *nausea/vomiting* ☐ *other, please specify:* .....

☐ death

18. Route of exposure (*check main route or more than one if applicable*)

☐ *mouth* ☐ *skin* ☐ *eyes* ☐ *inhalation*

☐ *other, please specify:*.....

19. How soon after last use of the formulation were the adverse effects observed:
.....

IV. Management:

20. Treatment given: ☐ No ☐ Yes ☐ Unknown
Hospitalization: ☐ No ☐ Yes ☐ Unknown

21. Include any other details/information regarding treatment including medical intervention/first aid/hospitalization/local practices etc., *(additional pages may be attached)*:
.....

V. Reporting/communication:

22. Date of data collection/consultation: .....

23. Name and address of investigator/data collector: .....
.....
.....

24. Category of investigator/data collector:

☐ *medical* ☐ *paramedical* ☐ *non-medical*
If non-medical, then specify type of person (*applicator, formulator, vendor, extension worker, manager, etc.*):.....

25. Contact if further information if needed: Tel: .....
Fax: .....
E.mail: .....

26. Has this incident been reported elsewhere? ☐ No ☐ Yes
If yes, where: .....

Send the completed incident report form to the Designated National Authority.
(Name and address of the DNA)