

# United State Fish and Wildlife Service - Sea Lamprey Control Program

## 6(a)(2) Adverse Effects Report Form

Provide all known, required information. If required information is unknown, designate as such in appropriate area.

### Section I. Administrative Data

<b>Reporter name:</b>	<b>Contact Person (if different than reporter):</b>	<b>Submission Date:</b>	<b>Internal ID:</b>
<b>Address:</b>	<b>Address:</b>	<b>Incident Status (if update, include date of original submission):</b>  New ___ Update ___	<b>Location and date of Incident (City, County, State)</b>
<b>Phone Number:</b>	<b>Phone Number:</b>	<b>Date Registrant became aware of incident:</b>	<b>Was incident part of a larger study?</b>  Y ___ N ___ U ___

### Section II. Pesticides Involved

<b>EPA Registration No. (Product Number 1)</b>	<b>EPA Registration No. (Product Number 2)</b>	<b>EPA Registration No. (Product Number 3)</b>
<b>A.I.(s)</b>	<b>A.I.(s)</b>	<b>A.I.(s)</b>
<b>Product 1 Name</b>	<b>Product 2 Name</b>	<b>Product 3 Name</b>
<b>Exposed to concentrate prior to dilution?</b>  Y ___ N ___ U ___ NA ___	<b>Exposed to concentrate prior to dilution?</b>  Y ___ N ___ U ___ NA ___	<b>Exposed to concentrate prior to dilution?</b>  Y ___ N ___ U ___ NA ___
<b>Formulation Type:</b>	<b>Formulation Type:</b>	<b>Formulation Type:</b>

### Section III. Incident Circumstances

<b>Evidence label directions were not followed?</b> Y ___ N ___ U ___ <b>Intentional misuse</b> ___	<b>Incident site (e.g. stream, river, roadway):</b>	<b>Situation (act of using product, for example mixing/loading, reentry, application, transportation, repair maintenance of application equipment, manufacturing/formulation):</b>
<b>Applicator certified PCO?</b> Y ___ N ___ U ___		
<b>How exposed (examples include direct contact with treated surface, ingestion, spill, drift, runoff):</b>	<b>Brief description of incident circumstances:</b>	

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Form for 6(a)(2) Incident Information Involving Fish, Wildlife, Plants or Other Non-Target Organisms. Provide all known, required information. If required information is unknown, designate as such in appropriate area.

<b>List species affected and number of individuals per species:</b>	
<b>List symptoms or adverse effects:</b>	
<b>Magnitude of the effect (examples: miles of stream, square area of terrestrial habitat):</b>	<b>Pesticide application rate, intended use site (examples: corn, turf) and application method:</b>
<b>If plant, plant type (examples: crop, forest, forage, orchard, home garden, ornamental):</b>	
<b>If lab test(s) performed, list name of tests and results (submit laboratory report(s) if available):</b>	
<b>Description of the habitat and the circumstances under which the incident occurred:</b>	
<b>Distance from treatment site:</b>	<b>Fish, wildlife, plant, other non-target organism severity categories (include all categories that apply; f.i. W, P, ONT): ___ : ___ : ___</b>
<b>This box can be used to provide any explanatory or qualifying information surrounding the incident (add additional pages if necessary):</b>	
	<b>Internal ID:</b>