

Pesticide Spraying Incident Report for Davidson County, Tennessee

(To document the adverse health and environmental effects of the Metro Health Department's mosquito spraying of Anvil 2+2®.)

Today's Date _____ Date of incident, if known _____ Zone (circle) **1 2 3 4**

Name of Injured Person or Type of Animal/Plant _____

Name of Person Filling Out this Form, if different _____

Relationship to the Injured Person _____

Injured Person's Address _____ City _____ Zip _____

Phone _____ E-mail _____

Your Address, if different _____ City _____ Zip _____

Phone _____ E-mail _____

Place where the incident occurred _____

Describe the incident that took place with Metro Health Department's pesticide spraying. Include signs, symptoms, adverse effects and how long they lasted. (You may attach additional statements, medical records, diagrams or pictures to this page.)

Did the injured party see a physician or other health care provider? What was done? _____

If you reported this incident to any local, state or federal agencies, please give the agency name(s), key contact, phone numbers and referral numbers _____

Was an investigation done? Yes ___ No ___ If yes, who conducted the investigation _____

Disclosure Approval

I, _____, swear these statements are true and hereby give my permission to release this form and/or the information contained herein to the (check which) _____ media, _____ policy makers and _____ other victims.

Signature Date

**Return to: BURNT/No Spray Nashville, 217 Silo Ct, Nashville, TN 37221 (print more forms at nospraynashville.org)
Phone: (615) 327-8515, E-mail: info@pesticide.freeyellow.com, Fax: (615) 662-0512**