

Appendix 2. Adverse effect reporting form
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Complaint Reporting Form for AgChem and Traits

Once filled in, this form should be returned by e-mail or fax to:
XXXXXXXX@bayer.com and XXXXXXXX@corveva.com

General Information:
Country, city:
Date:
Contact person filling the form, position, company:
Any other person involved in handling this complaint:
Incident Information
Date of the incident:
Name of the operator or all person(s) involved in the incident (victim):
Address (street, city, country), phone or email of the above mentioned person(s):
Age of the above mentioned person(s):
The incident reported is a suspected adverse effect: <input type="checkbox"/> on human health <input type="checkbox"/> on animal health <input type="checkbox"/> on the environment <input type="checkbox"/> related to efficacy <input type="checkbox"/> related to packaging <input type="checkbox"/> other. If so, specify:
Product Information
<ul style="list-style-type: none">• If the incident involves a Crop, specify: Crop and fraction (if available): Variety (if available): Genetic modification (GM) involved: Unique identifier:

- If the incident involves a **chemical** product, specify:

Product name:

Code:

Lot number (if available):

Use: ___ Professional use; ___ garden use; ___ amenity use

Detailed Information

Previous experience of operator or person(s) involved in the incident with the GM or the chemical product:

___ none; ___ 1 year; ___ 2 - 3 years; ___ 4 - 6 years; ___ 7 - 10 years; ___ > 10 years

In which circumstances did the incidence occur?

___ use, ___ planting, ___ cultivating, ___ harvesting, ___ disposal, ___ transport, ___ mixing, ___ loading/unloading, ___ processing, ___ other

If other, specify:

Where did it occur?

___ garden, ___ field, ___ farm, ___ store, ___ public area, ___ port, ___ other

If other, specify:

Summary of the incidence and symptoms description:

Actions

Direct action was:

___ Recommendations by the first Bayer/Dow contact person. If so, specify:

___ Medical advice

___ safety data sheet provided

___ other. If so, specify:

Is there a clear link between the incident and Bayer/Dow's product?

Was there a doctor involved?

Report communicated via email to Bayer Agriculture BVBA/Dow AgroSciences Distribution S.A.S. on (DD/MM/YYYY):

To be filled in by Brussels

Is a follow up required?

Is this report recordable?

Did the 'victim' re-contact Bayer/Dow after action was taken?