

Appendix 2. Adverse effect reporting form
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BASF/Bayer Complaint Reporting Form for Agchem and Traits

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

<ul style="list-style-type: none"> • 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 BASF/Bayer contact person. If so, specify: ___ Medical advice ___ safety data sheet provided ___ other. If so, specify:
Is there a clear link between the incident and BASF/Bayer's product?
Was there a doctor involved?
Report communicated via email to BASF Belgian Coordination Center CommV and Bayer Agriculture BV on (DD/MM/YYYY):
To be filled in by Brussels
Is a follow up required?
Is this report recordable?
Did the 'victim' re-contact BASF/Bayer after action was taken?