



FORM PEST B

Pesticide-related Complaints

Information required from the SPRAY OPERATOR/FARMER

COIN Case No FOD Office

FOD Contact

This form must be completed for all complaints involving pesticides. It should be used to collect information from the person who applied the pesticide as part of the follow-up to the complaint recorded on FORM PEST A.

See the notes section for further guidance before completing this form.

Q1 Who provided this information?	Name: [redacted] Address (including postcode) [redacted] [redacted] Tel No: [redacted]
Q2 Who owns or farms the land where the pesticide was used or applied?	Name: [redacted] Company/farm name: [redacted] Address (including postcode) [redacted] Tel No: [redacted]
Q3 Details of person who applied the pesticide? [if different from Q1 or Q2]	Name: Same as Question 1 Company name: Address (including postcode) Tel No:
Q4 Was the person who applied the pesticide the....?	Contractor
Q5 Did the operator/user hold a certificate of competence or other qualification? NOTE: Request a copy.	Yes Certificate Number [redacted]

Q6 What pesticides were applied?

	Product Name	Product approval number (MAFF/HSE No.)
1	Rodeo	16242
2		
3		
4		