


Item No. 8.1(i)
Halifax Regional Council
May 10, 2011
May 24, 2011

TO: Mayor Kelly and Members of Halifax Regional Council

Original signed by 

SUBMITTED BY:

Richard Butts, Chief Administrative Officer

Original Signed by 

Mike Labrecque, Deputy Chief Administrative Officer, Operations

DATE: April 19, 2011

SUBJECT: **Administrative Order 23: Inclusion of FeHEDTA**

ORIGIN

Environment and Sustainability Committee, Item 7.1.1, April 7, 2011

RECOMMENDATION

It is recommended that Halifax Regional Council:

1. Endorse FeHEDTA being included in Administrative Order 23 (Permitted Pesticides List);
2. Request staff to provide a follow up report on the practicality, costs and benefits of aligning Administrative Order 23 with the Provincial Allowable List; and
3. Endorse Policy that Halifax Regional Municipality (HRM) Operations will not use FeHEDTA in municipal turf care operations.

BACKGROUND

During presentation of the referenced Environment and Sustainability Committee report, Committee members decided to forward the Staff Recommendation report to Regional Council with no debate and no recommendation.

Staff is seeking direction from Regional Council.

DISCUSSION

A comprehensive report was provided to the Environment and Sustainability Committee on April 7, 2011. This report can be viewed online at the following website: (<http://www.halifax.ca/boardscom/swrac/documents/7.1.1AdminOrder23InclusionofFeHEDTA.pdf>),

The Environment and Sustainability Committee asked a number of questions and clarifications. This report responds to those questions.

Confirm Legal Standing of By-Law
<ul style="list-style-type: none">• The HRM Charter provides the Municipality with the authority to make By-Laws related to the regulation of the application and use of pesticides, herbicides and insecticides for the maintenance of outdoor plants and turf.• The Charter also states that Municipal By-Laws shall not be inconsistent with an Act of the Province or Canada.
While the By-Law does not appear inconsistent to Provincial Regulations, there may be an argument that Administrative Order 23 is inconsistent.
What is the HRM Authority?
HRM Charter
Power to Make By-Laws
(j) regulation of the application and use of pesticides, herbicides and insecticides for the maintenance of outdoor plants and turf on the part of a property used for residential purposes and on property of the Municipality, without restricting the generality of the foregoing: <ul style="list-style-type: none">(i) requiring the posting of notices when pesticides, herbicides or insecticides are to be so used and regulate the form, manner and time of the notice and the area in which the notice must be posted;(ii) establishing a registration scheme that is open to the public, in which a resident may file with the clerk an objection to pesticides, herbicides and insecticides being so used in the vicinity of the property on which the person resides;(iii) requiring that notices be served on the residents of properties registered pursuant to the registration scheme within the distance specified in the by-law when pesticides, herbicides or insecticides are to be so used and regulate the form, time and manner of the

notice;

(iv) providing that pesticides, herbicides and insecticides may not be so used within the distance of a registered property established by the by-law, the requirements respecting notices to residents or owners of properties within the distance of a registered property established by the by-law and the effective date of the prohibition;

(v) specifying the circumstances in which posting or serving of notices is not required or the prohibition does not apply;

(vi) providing for all other matters necessary or incidental to the establishment of the registration scheme.

What is Happening with Education?

Staff will be clarifying to Industry and Residents the status of the HRM By-Law as soon as Council provides direction on this element of the work.

The following is anticipated:

- Letters to all industry of the status of the HRM By-Law and HRM expectations under the transitioning Provincial Pesticide Regulations. There are elements of the Regulations that staff will be monitoring. For example, it is understood that under the Provincial Regulations there is no exception to enable spraying of permethrin based products for the management of Chinch Bug Infestations. This was virtually the sole item permitted under the By-Law Administration. With this regulation and an effective Pyrethrin (allowable product) alternative available, it appears there is nothing for HRM to permit. However, we have the authority to permit and, if activity occurs against expectations, the service of permitting may be re-instituted;
- Internet Resources of Sustainable Landscaping;
- Press Release on Service Delivery approach;
- Preparation of some information tools available for Customer Service calls or Councillor requests.

The Province of Nova Scotia has spent significant funds on an educational campaign supporting their regulations. Much of the work was based on HRM work. This information has been going to residents and is available to retailers.

Clarify Status of Permitting

The By-Law authorizes HRM to issue permits for the use of products not on the Allowable List (<http://www.halifax.ca/pesticides/rules.html>) with the submission of an application (www.halifax.ca/pesticides/documents/PesticidePermitApplicationForm.pdf) for the control of infestations affecting turf or plants. Since 2000, 99% of permits have been for chinch bug. The product typically used was a deltamethrin or permethrin product.

Under the Provincial Regulations (<http://www.gov.ns.ca/just/regulations/regs/nepexcept.htm>), there is no exemption that would allow these products to be used on Chinch. As such, staff see nothing to permit and have not planned to administrate a permitting program in 2011.

That being said, the Municipality retains the authority and, should activity occur against expectations, permitting could be re-instituted.

Don't We Permit for Ants and Dandelions?

No. The HRM Charter does not provide the Municipality authority to restrict pesticide use for control of ants. HRM has never issued permits for ant infestations – as the scope is outside the municipal authority. Copies of the Annual Reports, including break downs of permits, are available at: <http://www.halifax.ca/pesticides/overviewreports.html>. HRM has never issued a permit for a non-allowable product for dandelion infestations.

Is FeHEDTA on shelf?

Yes. As it was last year, there is FeHEDTA on shelves sold as Scotts EcoSense WeedBgon or Neudorff Fiesta Weed Killer. The product is permitted on the Provincial Allowable List (<http://www.gov.ns.ca/just/regulations/regs/neplist.htm>). Commercial Applicators were not allowed to use them in HRM in 2010.

Difference Between Commercial and Residential Product

Attached is a PMRA Label for both a commercial product and a residential product. The Label Precautions are virtually identical.

It should be noted that commercial applicators are more likely to use the recommended correct and minimum amount of product in an application (the product is costly and comes right out of their profit margin) than a homeowner that picks up a bottle at a retailer.

It is also important to note that applicators not using product according to label are subject to losing their commercial license.

Enforcement

Firstly, the difference between the Provincial Authority and the Municipal Authority rests most evidently in the fact that they can restrict sales (i.e. prevent products from being sold by retailers). The Municipality cannot do that and can only restrict usage. For ten years, there have been products banned under the HRM By-Law sold by retailers.

HRM By-Law enforcement is serviced by receiving calls to the Customer Service Center where a By-Law Officer investigates. Typically, results of investigations are educating residents of the By-Law.

Should HRM decide not to allow FeHEDTA on the Allowable List, it will still be offered on retailers shelves. Commercial Applicators, required to comply with Municipal Law, would be the primary groups restricted.

Copy of Administrative Order 23 and By-Law

Administrative Order 23: <http://www.halifax.ca/legislation/adminorders/documents/AO23.pdf>
By-Law: <http://www.halifax.ca/legislation/bylaws/hrm/blp-800.pdf>

Staff Interpretation of By-Law Focus on Protection of Human Health

A key premise of the Staff Recommendation in the FeHEDTA report is that the By-Law is focused on the protection of Human Health and not on BioDiversity or other Ecological Values. As such, and reviewing the health and toxicology assessments of the product and comparing it to other landscaping products included on the HRM Allowable List, staff did not feel there was a reasonable health risk present.

The basis of that interpretation, including the original motion, came from the background section of this report http://www.halifax.ca/pesticides/Background_Reports.html, and review of the minutes of the series of 2000 meetings of Regional Council and Committee of Whole (<http://www.halifax.ca/council/minit2000.html>).

It is the prerogative of Regional Council to determine whether that interpretation is correct or not. Following submission of the Report to the Environment and Sustainability Committee, members of the public, including the former Councillor that introduced the motion, have submitted that the By-Law Intent was not solely for the Protection of Human Health.

Reported Poisonings

There have been four incident reports logged with Health Canada regarding the use of FeHEDTA. Attachment 2 provides details on incident reports concerning two dogs, a cat and grass. No reports have been logged regarding Humans. It is important to review the incident reports for context. Any and all reports of adverse reactions for products registered by Health Canada are reported, and there are reports for items on the HRM Allowable List such as Pyrethrin.

BUDGET IMPLICATIONS

There are no budget implications with this report.

FINANCIAL MANAGEMENT POLICIES/BUSINESS PLAN

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Project and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Project and Operating reserves, as well as any relevant legislation.

COMMUNITY ENGAGEMENT

There has been substantial industry and community input on this recommendation as per the numerous letters to the Clerks Office.

ALTERNATIVES

Regional Council may choose to recommend against FeHEDTA. Clearly current policy would offer that result. However, staff suggest that this recommendation is not reasonable and would greatly jeopardize the integrity of the By-Law itself.

ATTACHMENTS

Attachment 1: Labels for Commercial and Residential FeHEDTA

Attachment 2: Incident Reports

A copy of this report can be obtained online at <http://www.halifax.ca/council/agendasc/cagenda.html> then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

Report Prepared by: Richard MacLellan, Manager, Sustainable Environment Management Office, 490-6056

Financial Approval by: _____
Bruce Fisher, MPA, CMA, A/Director of Finance, CFO, 490-6308

Report Approved by: _____
Phillip Townsend, Director, Infrastructure and Asset Management, 490-7166

FIESTA™

LAWN WEED KILLER

Solution

**COMMERCIAL
CONCENTRATE
HERBICIDE**

GUARANTEE: IRON (present as FeHEDTA) 4.43%

REG. NO. 29535 P.C.P. ACT

READ THE LABEL BEFORE USING

KEEP OUT OF REACH OF CHILDREN

POTENTIAL SKIN SENSITIZER

• NET CONTENTS 1 - 1000 Litres

Registrant:

W. Neudorff GmbH KG

An der Muhle 3, Postfach 1209

D-31860 Emmerthal, Germany

www.neudorff.com

Canadian Agent:

Eco-Care Technologies Inc., 8233 Thomson Pl,

Saanichton, BC V8M 1S1

Telephone: 250-652-5510

Neudorff North America

Unit 11, 6782 Veyaness Road

Saanichton, BC V8M 2C2

Telephone : 1-(250) 652-5888

SELECTIVE BROADLEAF WEED KILLER

People and pets can enter treated area when spray dries.

No unpleasant odor.

Made with iron.

For use on lawns and turf (on rights of way, non-crop areas, golf courses, parks, cemeteries and athletic fields) consisting of one or more of Kentucky bluegrass, perennial ryegrass, and fescue (tall fescue, chewings fescue, and/or creeping fescue) for the control of dandelion (*Taraxacum officinale*), English daisy (*Bellis perennis*), false dandelion (*Hypochaeris radicata*), white clover (*Trifolium repens*), black medic (*Medicago lupulina*), bull thistle (*Cirsium vulgare*), Canada thistle (*Cirsium arvense*), common chickweed (*Stellaria media*), creeping buttercup (*Ranunculus repens*), slender speedwell (*Veronica filiformis*), narrow-leaved plantain (*Plantago lanceolata*), dove's-foot geranium (*Geranium molle*), lawn burweed (*Soliva pterosperma*), moss and algae, and for the suppression of broad-leaved plantain (*Plantago major*).

DIRECTIONS FOR USE

SHAKE WELL BEFORE USING. One litre of product will treat between 62.5 and 125 m² (672.5 - 1345 ft²). Mix one part FIESTA Lawn Weed Killer with 24 parts water (40 mL in 960 mL of water). Apply the mixed solution at a rate of 200-400 mL/m². Use the lower rate (200 mL spray/m²) on small weeds; use the higher rate (400 mL/m²) on large weeds and on tough perennial weeds, such as clover. Any standard hand-held or backpack sprayer can be used. Use a coarse nozzle setting to reduce drift. Uniform coverage is important. Repeat treatment once in four or more weeks after the first treatment if necessary. For spot treatment, spray weeds until foliage is thoroughly wetted, just to the point of runoff. Visible signs of control may be seen within several hours after application. Susceptible weeds, moss or algae will turn brown or black. Occasionally a darkening of the grass leaf blades can occur after treatment, however the grass will recover within a few days to weeks. May stain thatch (dead grass under lawn); this does not affect the health of the grass. **Use Precautions:** Do not apply to drought stressed grass; ensure lawn is well watered prior to application. Do not apply when the daytime temperature will exceed 30°C. Do not apply to bentgrass. If unsure of grass sensitivity, test spray a small area of your lawn. Apply to established turf only. Do not apply to newly seeded areas or to turf generated from seed and that is less than one year old. Avoid spraying desirable plants. Any desirable plants or structures accidentally contacted should be rinsed with water. To avoid staining, wait until treated area dries before re-entry. Do not apply if rainfall is expected within 3 hours of application. Do not irrigate within 3 hours of application. Do not apply more than 2 times per year. DO NOT contaminate irrigation or drinking water supplies or aquatic habitats by cleaning of equipment or disposal of wastes.

PRECAUTIONS:

KEEP OUT OF REACH OF CHILDREN. CAUTION: Causes slight eye irritation. Avoid contact with eyes, skin, or clothing. Wash hands thoroughly with soap and water after handling and before eating, drinking, and chewing gum or chewing tobacco. Wear protective eye-wear and waterproof gloves during application or during mixing, loading, and repair/clean-up activities. Avoid breathing vapour or spray mist. Do not re-enter or allow re-entry into treated areas until the spray is dried. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals.

Apply only when the potential for drift to areas of human habitation or areas of human activity such as houses, cottages, schools, and recreational areas is minimal. Take into consideration wind speed, wind direction, temperature, application equipment, and sprayer settings.

FIRST AID:

If swallowed:

Call a poison control centre or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control centre or doctor. Do not give anything by mouth to an unconscious person.

If on skin or clothing:

Take off contaminated clothing. Rinse skin immediately with plenty of water for 15 - 20 minutes. Call a poison control centre or doctor for treatment advice.

If inhaled:

Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible. Call a poison control centre or doctor for further treatment advice.

If in eyes:

Hold eye open and rinse slowly and gently with water for 15 - 20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control centre or doctor for treatment advice.

Take container, label or product name and Pest Control Product Registration Number with you when seeking medical attention.

TOXICOLOGICAL INFORMATION:

Treat symptomatically.

STORAGE

To prevent contamination store this product away from food or feed.

Store in a secure place, away from open fire or flame. Keep container closed and reseal after use. If spilled, use absorbent materials and dispose of in an approved manner. Do not store at temperatures below 0°C.

DISPOSAL:

DO NOT reuse this container for any purpose. This is a recyclable container, and is to be disposed of at a container collection site. Contact your local distributor/dealer or municipality for the location of the nearest collection site. Before taking the container to the collection site:

1. Triple- or pressure-rinse the empty container. Add the rinsings to the spray mixture in the tank.

2. Make the empty, rinsed container unsuitable for further use.

If there is no container collection site in your area, dispose of the container in accordance with provincial requirements.

For information on disposal of unused, unwanted product, contact the manufacturer or the provincial regulatory agency. Contact the manufacturer and the provincial regulatory agency in case of a spill, and for clean-up of spills.

NOTICE TO USER:

This pest control product is to be used only in accordance with the directions on the label. It is an offence under the *Pest Control Products Act* to use this product in a way that is inconsistent with the directions on the label. The user assumes the risk to persons or property that arises from any such use of this product.

Patent Pending

Manufactured for:

W. Neudorff GmbH KG

Postfach 1209, An der Muehle 3, 31860 Emmerthal, Germany

Canadian Office: Neudorff North America

Unit 11 • 6782 Veyaness Road • Saanichton, BC, V8M 2C2 •

1-(250)-652-5888

FIESTA® is a registered trademark of W. Neudorff GmbH KG



Pull here to open and press to reseal.

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2010-2625 23-JUL-2010

[FRONT PANEL - ENGLISH]

MADE WITH IRON [ICON]

**SCOTTS® ECOSENSE™ WEED B GON®
READY-TO-USE WEED CONTROL
WITH PULL'N SPRAY® APPLICATOR**

SOLUTION

DOMESTIC
SELECTIVE HERBICIDE

GUARANTEE: Iron (present as FeHEDTA) 0.25%

Contains 5-chloro-2-methyl-4-izothiazolin-3-one at 0.0007571% and
2-methyl-4-izothiazolin-3-one at 0.0002479%, as preservatives

REG. NO.: 29834 P.C.P. ACT

READ THE LABEL BEFORE USING
KEEP OUT OF REACH OF CHILDREN
POTENTIAL SKIN SENSITIZER

NET CONTENTS: 5 L

Scotts Canada Ltd.
2000 Argentia Road
Plaza #5, Suite 101
Mississauga, Ontario
L5N 2R7

1-800-668-5669

Made and printed in the U.S.A.

[BACK PANEL - ENGLISH]

OPEN RESEALABLE LABEL FOR
ADDITIONAL PRODUCT
INFORMATION.

**SCOTTS® ECOSENSE™ WEED B GON®
READY-TO-USE WEED CONTROL
WITH PULL'N SPRAY® APPLICATOR**

SELECTIVE HERBICIDE

[ECOSENSE ICON] *Care Today, Benefit Tomorrow™*

For use on lawn turf consisting of one or more of Kentucky bluegrass, perennial ryegrass, and fescue (tall fescue, chewings fescue, and/or creeping fescue) for control or suppression of broadleaf weeds.

PESTS/SITES:

Controls the following lawn weeds: Dandelion, English daisy, False dandelion, White clover, Black medic, Bull thistle, Canada thistle, Common chickweed, Creeping buttercup, Slender speedwell, Narrow-leaved plantain, Broad-leaved plantain (suppression only), Dove's-foot geranium, Lawn burweed, Moss, and Algae.

With pressure sprayer.

[Text for inside Arrow]

Pull'N Spray® Applicator

- The easier way to apply
- No hand fatigue

[ILLUSTRATION #1]

- Remove sprayer from side carrier and unwrap hose completely.
- Insert plug at end of hose into spout on cap until it clicks.
- Flip up spout.

ILLUSTRATION #2]

- Point sprayer away from body.
- Grasp sprayer by the handle.
- SLOWLY pull ring at bottom of sprayer handle until it stops to ready the sprayer.

[ILLUSTRATION #3]

- Twist nozzle at end of sprayer to adjust spray pattern.

[ILLUSTRATION #4]

- Press button on sprayer to begin spraying and hold down for continuous spray.
- Pull ring at sprayer bottom again as needed for additional spraying.

DIRECTIONS FOR USE:

SHAKE WELL BEFORE USING. Do not dilute. Follow illustrations and instructions to ready the sprayer. Twist nozzle at end of sprayer to open and adjust spray pattern. Point sprayer away from body and press sprayer button to begin spraying. Pull ring at base of sprayer as needed to continue spraying. Hold down for continuous spray. Spray weeds until foliage is thoroughly wetted, just to the point of run-off. Repeat treatment once in four or more weeks after the first treatment if necessary. Visible signs of control may be seen within several hours after application. Susceptible weeds, moss or algae will turn brown or black. Occasionally a darkening of the grass leaf blades can occur after treatment; however the grass will recover within a few days to weeks. May stain thatch (dead grass under lawn); this does not affect the health of the grass.

Use Precautions: Do not apply to drought stressed grass; ensure lawn is well watered prior to application. Do not apply when the daytime temperature will exceed 30°C. Do not apply to bentgrass. If unsure of grass sensitivity, test spray a small area of your lawn. Apply to established turf only. Do not apply to newly seeded areas or to turf generated from seed and that is less than one year old. Avoid spraying desirable plants. Any desirable plants or structures accidentally contacted should be rinsed with water. To avoid staining, wait until treated area dries before re-entry. Do not apply if rainfall is expected within 3 hours of application. Do not irrigate within 3 hours of application. DO NOT contaminate irrigation or drinking water supplies or aquatic habitats by cleaning of equipment or disposal of wastes.

PRECAUTIONS:

CAUTION: KEEP OUT OF REACH OF CHILDREN. Causes slight eye irritation. Avoid contact with skin or clothing. Wash hands thoroughly with soap and water after handling and before eating, drinking, and chewing gum or chewing tobacco. DO NOT get in eyes. Avoid hand-to-mouth contact. Avoid breathing spray mist. Do not re-enter or allow re-entry into treated areas until the spray is dried. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals.

FIRST AID:

If swallowed, call a poison control centre or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control centre or doctor. Do not give anything by mouth to an unconscious person. **If on skin or clothing,** take off contaminated clothing. Rinse skin immediately with plenty of water for 15 - 20 minutes. Call a poison control centre or doctor for treatment advice. **If inhaled,** move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible. Call a poison control centre or doctor for further treatment advice. **If in eyes,** hold eye open and rinse slowly and gently with water for

15 - 20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control centre or doctor for treatment advice. Take container, label or product name and Pest Control Product Registration Number with you when seeking medical attention.

TOXICOLOGICAL INFORMATION:

Treat symptomatically.

STORAGE:

Store this product in its original container and keep in a secure storage area out of reach of children and domestic animals. Store unused material, tightly closed, in original container only, away from open flame. Protect from freezing. To prevent contamination store this product away from food or feed.

DISPOSAL:

Do not reuse empty container. Dispose of empty container with household garbage. Unused or partially used products should be disposed at provincially or municipally designated hazardous waste disposal sites.

Questions, Comments or Medical Information

Call 1-800-668-5669 or visit our Web Site at www.scotts.ca

[IMAGE OF TELEPHONE] [ICON OF QUESTION MARK]

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Patent Pending.



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[OPTIONAL STATEMENTS]

- > SELECTIVE BROADLEAF HERBICIDE
- > Made with iron
- > People and pets can enter treated area when spray dries.
- > No unpleasant odor.

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Incident Report - Déclaration d'incident

Subform I: General Information - Sous-formulaire I: Renseignements généraux

1. Report Type - Type de rapport

- ☒ New incident report - Nouvelle déclaration d'incident
 ☐ Update the report - Mise à jour d'une déclaration précédente

Incident Report No. - N° de la demande 2010-5776

2. Registrant Information - Renseignements concernant le titulaire

Registrant Reference Number - Numéro de référence du titulaire d'homologation PROSAR Case #1-24279177

Registrant Name (Full Legal Name, no abbreviations)
 Nom du titulaire (nom légal complet, aucune abbréviation) Scotts Canada Ltd.

Address
 Adresse 2000 Argentia Road, Plaza 5, Suite 101

City - Ville Mississauga Prov / State - État Ontario

Country - Pays Canada Postal Code - Code postal / Zip L5N2R7

Registrant Contact Person - Personne ressource du titulaire

Telephone - Téléphone Fax - Télécopieur

Email - Courriel

3. Select the appropriate subform(s) for the incident - Choisir le (les) sous-formulaire(s) correspondant à l'incident

- ☐ Human - Incident chez l'humain
 ☒ Residues in Food - Résidus dans les aliments
- ☒ Domestic Animal - Incident chez un animal domestique
 ☐ Packaging Failure - Défaillance de l'emballage
- ☐ Environment - Environnement
 ☐ Scientific Study - Étude scientifique

4. Date registrant was first informed of the incident

Date à laquelle le titulaire d'homologation a été informé pour la première fois de l'incident 2010-10-04

5. Location of incident - Lieu de l'incident

Country - Pays Canada - Canada Prov / State - État ON City - Ville

6. Date incident was first observed

Date de la première observation de l'incident

☒ Unknown - Inconnu

Product Description - Description du produit

7. a) Provide the active ingredient and, if available, the registration number and product name (include all tank mixes). If the product is not registered provide a submission number

Donner le nom de la matière active et, si disponibles, le numéro d'homologation et le nom du produit (incluant tous les mélanges).

Si le produit n'est pas homologué, donner le numéro de la demande d'homologation

Active

Matière(s) active(s):

PMRA Registration No. PMRA Submission No. EPA Registration No. ☐ Unknown / Inconnu
 ARLA N° d'homologation ARLA N° de la demande d'homologation EPA N° d'homologation

Product Name / Nom du produit:

Active ingredient / Matière active:

Application Information - Renseignements sur l'application

8. Product was applied? - Est-ce que le produit a été appliqué? ☒ Yes - Oui ☐ No - Non ☐ Unknown - Inconnu

9. Application Rate / Dose d'application: Units / Unités: Other Units / Autres unités: ☒ Unknown - Inconnu

10. Site pesticide was applied to (select all that apply) - Site d'application (choisir tout ce qui s'applique)

Site / Site: Specify Type / Préciser le type:

11. Provide any additional information regarding application (how it was applied, amount applied, the size of the area treated etc)
 Donner tout renseignement additionnel concernant l'application (comment le produit a été appliqué, la quantité utilisée, la superficie de la zone traitée, etc.)

To be determined by Registrant - À être déterminé par le titulaire

12. In your opinion, was the product used according to the label instructions?
 Selon vous, le produit a-t-il été utilisé en conformité avec le mode d'emploi de l'étiquette?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

Subform III: Domestic Animal Incident Report - Sous-formulaire III : Animal domestique

1

Use a separate form for each animal affected. If an incident involves multiple animals of the same type (see question 2) and with the same symptoms and severity, a single form can be used.

Utiliser un formulaire distinct pour chaque animal touché. Si plusieurs animaux du même type ont été touchés (voir la question 2) et que les symptômes et la sévérité sont les mêmes pour tous les animaux, un seul formulaire peut être utilisé.

1. Source of Report - Source de la déclaration

☐ Animal's Owner - Propriétaire de l'animal
 ☐ Medical Professional - Professionnel de la santé
 ☒ Other - Autre

2. Type of animal affected Type d'animal touché

Cat / Chat

specify
préciser

3. Breed Race

Domestic Shorthair

4. Number of animals affected Nombre d'animaux touchés

1

5. Sex - Sexe:

☐ M

☐ F

☒ Unknown - Inconnu

6. Age (provide a range if necessary)

Âge (fournir un ordre de grandeur si nécessaire)

16

☐ Unknown - Inconnu

7. Weight (provide a range if necessary)

Poids (fournir un ordre de grandeur si nécessaire)

☒ Unknown - Inconnu

8. Route(s) of exposure - Voie(s) d'exposition:

☐ Skin - Cutanée

☐ Eye - Oculaire

☐ Oral - Orale

☐ Respiratory - Respiratoire

☒ Unknown - Inconnu

9. What was the length of exposure? - Durée de l'exposition?

Unknown / Inconnu

10. Time between exposure and onset of symptoms

Temps écoulé entre l'exposition et l'apparition des symptômes

Unknown / Inconnu

11. List all symptoms, using the selections below - Énumérer tous les symptômes, au moyen des choix suivants

☐ French Lists for question 11 - Listes françaises pour la question 11

System - Système

Symptom - Symptôme

SYST_GENERAL

DEATH

specify - préciser

12. How long did the symptoms last? - Quelle a été la durée des symptômes?

Persisted until death / Continue jusqu'au décès

13. Was medical treatment provided? Provide details in question 17.

Des soins médicaux ont-ils été prodigués? Donner les détails à la question 17.

☐ Yes - Oui
 ☐ No - Non
 ☒ Unknown - Inconnu

14. a) Was the animal hospitalized? - Est-ce que l'animal a-t-il été hospitalisé?

☐ Yes - Oui
 ☐ No - Non
 ☒ Unknown - Inconnu



15. Outcome of the incident - Issue de l'incident

Died / Décédé

16. How was the animal exposed?

De quelle manière l'animal a-t-il été exposé?

Other / Autre

specify - préciser

unknown

17. Provide any additional details about the incident

(eg. description of the frequency and severity of the symptoms, type of medical treatment, results from medical tests, amount of pesticide exposed to, etc.)

Donnez tout détail additionnel au sujet de l'incident

(p.ex. description des symptômes tels que la fréquence et la gravité, type de soins médicaux, résultats des tests médicaux, quantité de pesticide à laquelle l'animal a été exposée, etc.)

1-24279177- The reporter, a landlord, indicates possible exposure of one of his tenants animals to an herbicide containing the active ingredient FeHEDTA. The reporter indicates he is currently evicting the owner of the affected animal and as retaliation the owner is suing him claiming he is responsible for the death of her animal. The reporter indicates he had used the product on a gravel driveway two-three months ago and the owners sixteen year domestic shorthair cat died some indeterminate time following application. The animal is described by the reporter to be an exclusive indoor animal. He, as a result, stated any topical or ingestion exposure would be impossible. The only potential exposure, according to the reporter, would be inhalation of drift through an open window following spraying of the product. No discreet exposure incident was observed or described. The caller was told the mode of exposure described would not be expected to elicit the outcome seen. The animals death was likely unrelated to the product use. No further information is available.

To be determined by Registrant - À être déterminé par le titulaire

18. Severity classification (if there is more than 1 possible classification, select the most severe)

Classification selon la gravité (s'il y a plus d'une catégorie possible, veuillez choisir la plus grave)

☒ Death - Mort ☐ Major - Majeure ☐ Moderate - Modérée ☐ Minor - Mineure

19. Provide supplemental information here - Donner des renseignements additionnels ici



Incident Report - Déclaration d'incident

Subform I: General Information - Sous-formulaire I: Renseignements généraux

1. Report Type - Type de rapport

- ☒ New incident report - Nouvelle déclaration d'incident ☐ Update the report - Mise à jour d'une déclaration précédente

Incident Report No. - N° de la demande 2010-2927

2. Registrant Information - Renseignements concernant le titulaire

Registrant Reference Number - Numéro de référence du titulaire d'homologation PROSAR Case # 1-22752895

Registrant Name (Full Legal Name, no abbreviations)
Nom du titulaire (nom légal complet, aucune abbréviation) Scotts Canada Ltd.

Address
Adresse 2000 Argentia Road, Plaza 5, Suite 101

City - Ville Mississauga Prov / State - État Ontario

Country - Pays Canada Postal Code - Code postal / Zip L5N2R7

Registrant Contact Person - Personne ressource du titulaire

Telephone - Téléphone Fax - Télécopieur

Email - Courriel

3. Select the appropriate subform(s) for the incident - Choisir le (les) sous-formulaire(s) correspondant à l'incident

- ☐ Human - Incident chez l'humain ☐ Residues in Food - Résidus dans les aliments
☒ Domestic Animal - Incident chez un animal domestique ☐ Packaging Failure - Défaillance de l'emballage
☐ Environment - Environnement ☐ Scientific Study - Étude scientifique

4. Date registrant was first informed of the incident

Date à laquelle le titulaire d'homologation a été informé pour la première fois de l'incident 2010-05-25

5. Location of incident - Lieu de l'incident

Country - Pays Canada - Canada Prov / State - État ON City - Ville Unknown

6. Date incident was first observed

Date de la première observation de l'incident 2010-05-25 ☐ Unknown - Inconnu

Product Description - Description du produit

7. a) Provide the active ingredient and, if available, the registration number and product name (include all tank mixes). If the product is not registered provide a submission number

Donner le nom de la matière active et, si disponibles, le numéro d'homologation et le nom du produit (incluant tous les mélanges).
Si le produit n'est pas homologué, donner le numéro de la demande d'homologation

Active			
Matière(s) active(s):			
PMRA Registration No.	<input type="text" value="29694.0"/>	PMRA Submission No.	<input type="text"/>
ARLA N° d'homologation		ARLA N° de la demande d'homologation	<input type="text"/>
EPA Registration No.	<input type="text"/>	EPA N° d'homologation	<input type="text"/>
			<input type="checkbox"/> Unknown / Inconnu
Product Name Nom du produit	<input type="text" value="SCOTTS Ecosense Weed-B-Gon Ready-To-Use Weed Control"/>		
Active ingredient Matière active	<input type="text" value="FeHEDTA IRON"/>		

Application Information - Renseignements sur l'application

8. Product was applied? - Est-ce que le produit a été appliqué? ☒ Yes - Oui ☐ No - Non ☐ Unknown - Inconnu

9. Application Rate
Dose d'application

<input type="text"/>	Units Unités	<input type="text"/>	Other Units Autres unités	<input type="text"/>
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☒ Unknown - Inconnu

10. Site pesticide was applied to (select all that apply) - Site d'application (choisir tout ce qui s'applique)

Site Site	<input type="text" value="Residential - Outside Home / Résidentiel - à l'extérieur de la maison"/>	Specify Type Préciser le type	<input type="text"/>
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11. Provide any additional information regarding application (how it was applied, amount applied, the size of the area treated etc)
Donner tout renseignement additionnel concernant l'application (comment le produit a été appliqué, la quantité utilisée, la superficie de la zone traitée, etc.)

Applied to residential lawn, no further information available

To be determined by Registrant - À être déterminé par le titulaire

12. In your opinion, was the product used according to the label instructions?
Selon vous, le produit a-t-il été utilisé en conformité avec le mode d'emploi de l'étiquette?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

Subform III: Domestic Animal Incident Report - Sous-formulaire III : Animal domestique

1

Use a separate form for each animal affected. If an incident involves multiple animals of the same type (see question 2) and with the same symptoms and severity, a single form can be used.

Utiliser un formulaire distinct pour chaque animal touché. Si plusieurs animaux du même type ont été touchés (voir la question 2) et que les symptômes et la sévérité sont les mêmes pour tous les animaux, un seul formulaire peut être utilisé.

1. Source of Report - Source de la déclaration

☒ Animal's Owner - Propriétaire de l'animal
 ☐ Medical Professional - Professionnel de la santé
 ☐ Other - Autre

2. Type of animal affected Type d'animal touché

Dog / Chien

specify
préciser

3. Breed Race

Mixed breed

4. Number of animals affected Nombre d'animaux touchés

1

5. Sex - Sexe:

☒ M

☐ F

☐ Unknown - Inconnu

6. Age (provide a range if necessary) Âge (fournir un ordre de grandeur si nécessaire)

8

☐ Unknown - Inconnu

7. Weight (provide a range if necessary) Poids (fournir un ordre de grandeur si nécessaire)

22

lbs

☐ Unknown - Inconnu

8. Route(s) of exposure - Voie(s) d'exposition:

☒ Skin - Cutanée

☐ Eye - Oculaire

☐ Oral - Orale

☐ Respiratory - Respiratoire

☐ Unknown - Inconnu

9. What was the length of exposure? - Durée de l'exposition?

>15 min <=2 hrs / >15 min <=2 h

10. Time between exposure and onset of symptoms Temps écoulé entre l'exposition et l'apparition des symptômes

>30 min <=2 hrs / >30 min <=2 h

11. List all symptoms, using the selections below - Énumérer tous les symptômes, au moyen des choix suivants

☐ French Lists for question 11 - Listes françaises pour la question 11

System - Système

Symptom - Symptôme

SYST_NERVMUS

DIFFICULTY_GETTING_UP

specify - préciser

SYST_GENERAL

PAIN

specify - préciser

12. How long did the symptoms last? - Quelle a été la durée des symptômes?

Unknown / Inconnu

13. Was medical treatment provided? Provide details in question 17.

Des soins médicaux ont-ils été prodigués? Donner les détails à la question 17.

☐ Yes - Oui
 ☒ No - Non
 ☐ Unknown - Inconnu

14. a) Was the animal hospitalized? - Est-ce que l'animal a-t-il été hospitalisé?

☐ Yes - Oui
 ☒ No - Non
 ☐ Unknown - Inconnu

15. Outcome of the incident - Issue de l'incident Unknown / Inconnu

16. How was the animal exposed?

De quelle manière l'animal a-t-il été exposé?

Contact with treated area / Contact avec la surface traitée

specify - préciser

17. Provide any additional details about the incident

(eg. description of the frequency and severity of the symptoms, type of medical treatment, results from medical tests, amount of pesticide exposed to, etc.)

Donnez tout détail additionnel au sujet de l'incident

(p.ex. description des symptômes tels que la fréquence et la gravité, type de soins médicaux, résultats des tests médicaux, quantité de pesticide à laquelle l'animal a été exposée, etc.)

1-22752895- The reporter calls to indicate his animal was exposed to an herbicide containing the active ingredient FeHEDTA. The caller reports he applied the product to the lawn and kept the 8 year 22 pound male mixed breed dog off of the lawn for one hour after application. The animal was the allowed on to the application area and within 3 hours the animal refused to rise and walk and showed signs consistent with what the owner considered as pain. The owner had washed the animals feet and looked for injury and found none. The caller was informed this would be unexpected following dermal exposure to this product. He was advised to seek veterinary assistance. The caller was unavailable on two routine call backs. No further information is available.

To be determined by Registrant - À être déterminé par le titulaire

18. Severity classification (if there is more than 1 possible classification, select the most severe)

Classification selon la gravité (s'il y a plus d'une catégorie possible, veuillez choisir la plus grave)

☐ Death - Mort ☐ Major - Majeure ☒ Moderate - Modérée ☐ Minor - Mineure

19. Provide supplemental information here - Donner des renseignements additionnels ici

Incident Report - Déclaration d'incident

Subform I: General Information - Sous-formulaire I: Renseignements généraux

1. Report Type - Type de rapport

- ☒ New incident report - Nouvelle déclaration d'incident
 ☐ Update the report - Mise à jour d'une déclaration précédente

Incident Report No. - N° de la demande 2010-3414

2. Registrant Information - Renseignements concernant le titulaire

Registrant Reference Number - Numéro de référence du titulaire d'homologation PROSAR Case #1-23312029

Registrant Name (Full Legal Name, no abbreviations)
 Nom du titulaire (nom légal complet, aucune abréviation) Scotts Canada Ltd.

Address
 Adresse 2000 Argentia Road, Plaza 5, Suite 101

City - Ville Mississauga
 Prov / State - État Ontario

Country - Pays Canada
 Postal Code - Code postal / Zip L5N2R7

Registrant Contact Person - Personne ressource du titulaire

Telephone - Téléphone _____ Fax - Télécopieur _____

Email - Courriel _____

3. Select the appropriate subform(s) for the incident - Choisir le (les) sous-formulaire(s) correspondant à l'incident

- ☐ Human - Incident chez l'humain
 ☒ Residues in Food - Résidus dans les aliments
- ☒ Domestic Animal - Incident chez un animal domestique
 ☐ Packaging Failure - Défaillance de l'emballage
- ☐ Environment - Environnement
 ☒ Scientific Study - Étude scientifique

4. Date registrant was first informed of the incident

Date à laquelle le titulaire d'homologation a été informé pour la première fois de l'incident 2010-07-01

5. Location of incident - Lieu de l'incident

Country - Pays Canada - Canada
 Prov / State - État AB
 City - Ville Edmonton

6. Date incident was first observed

Date de la première observation de l'incident 2010-06-29
☐ Unknown - Inconnu

Product Description - Description du produit

7. a) Provide the active ingredient and, if available, the registration number and product name (include all tank mixes). If the product is not registered provide a submission number

Donner le nom de la matière active et, si disponibles, le numéro d'homologation et le nom du produit (incluant tous les mélanges).

Si le produit n'est pas homologué, donner le numéro de la demande d'homologation

Active

Matière(s) active(s):

PMRA Registration No. PMRA Submission No. EPA Registration No. ☐ Unknown
 ARLA N° d'homologation ARLA N° de la demande d'homologation EPA N° d'homologation Inconnu

Product Name
 Nom du produit

Active ingredient
 Matière active

Application Information - Renseignements sur l'application

8. Product was applied? - Est-ce que le produit a été appliqué? ☒ Yes - Oui ☐ No - Non ☐ Unknown - Inconnu

9. Application Rate Units Other Units ☒ Unknown - Inconnu
 Dose d'application Unités Autres unités

10. Site pesticide was applied to (select all that apply) - Site d'application (choisir tout ce qui s'applique)

Site Specify Type
 Site Préciser le type

11. Provide any additional information regarding application (how it was applied, amount applied, the size of the area treated etc)
 Donner tout renseignement additionnel concernant l'application (comment le produit a été appliqué, la quantité utilisée, la superficie de la zone traitée, etc.)

To be determined by Registrant - À être déterminé par le titulaire

12. In your opinion, was the product used according to the label instructions?
 Selon vous, le produit a-t-il été utilisé en conformité avec le mode d'emploi de l'étiquette?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

Subform III: Domestic Animal Incident Report - Sous-formulaire III : Animal domestique

1

Use a separate form for each animal affected. If an incident involves multiple animals of the same type (see question 2) and with the same symptoms and severity, a single form can be used.

Utiliser un formulaire distinct pour chaque animal touché. Si plusieurs animaux du même type ont été touchés (voir la question 2) et que les symptômes et la sévérité sont les mêmes pour tous les animaux, un seul formulaire peut être utilisé.

1. Source of Report - Source de la déclaration

☒ Animal's Owner - Propriétaire de l'animal
 ☐ Medical Professional - Professionnel de la santé
 ☐ Other - Autre

2. Type of animal affected Type d'animal touché

Dog / Chien

specify
préciser

3. Breed Race

Mixed breed

4. Number of animals affected Nombre d'animaux touchés

1

5. Sex - Sexe:

☐ M

☒ F

☐ Unknown - Inconnu

6. Age (provide a range if necessary) Âge (fournir un ordre de grandeur si nécessaire)

13

☐ Unknown - Inconnu

7. Weight (provide a range if necessary) Poids (fournir un ordre de grandeur si nécessaire)

6

lbs

☐ Unknown - Inconnu

8. Route(s) of exposure - Voie(s) d'exposition:

☐ Skin - Cutanée

☐ Eye - Oculaire

☐ Oral - Orale

☐ Respiratory - Respiratoire

☒ Unknown - Inconnu

9. What was the length of exposure? - Durée de l'exposition?

Unknown / Inconnu

10. Time between exposure and onset of symptoms Temps écoulé entre l'exposition et l'apparition des symptômes

Unknown / Inconnu

11. List all symptoms, using the selections below - Énumérer tous les symptômes, au moyen des choix suivants

☐ French Lists for question 11 - Listes françaises pour la question 11

System - Système

Symptom - Symptôme

SYST_GASTRO

VOMITING

specify - préciser

SYST_GASTRO

DIARRHEA

specify - préciser

SYST_GASTRO

MELENA

specify - préciser

SYST_RESPIR

PANTING

specify - préciser

12. How long did the symptoms last? - Quelle a été la durée des symptômes?

Unknown / Inconnu

13. Was medical treatment provided? Provide details in question 17.

Des soins médicaux ont-ils été prodigués? Donner les détails à la question 17.

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

14. a) Was the animal hospitalized? - Est-ce que l'animal a-t-il été hospitalisé?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

15. Outcome of the incident - Issue de l'incident

Unknown / Inconnu

16. How was the animal exposed?

De quelle manière l'animal a-t-il été exposé?

Contact with treated area / Contact avec la surface traitée

specify - préciser

17. Provide any additional details about the incident

(eg. description of the frequency and severity of the symptoms, type of medical treatment, results from medical tests, amount of pesticide exposed to, etc.)

Donnez tout détail additionnel au sujet de l'incident

(p.ex. description des symptômes tels que la fréquence et la gravité, type de soins médicaux, résultats des tests médicaux, quantité de pesticide à laquelle l'animal a été exposée, etc.)

1-23312029- The reporter, a pet owner, calls to indicate exposure of her animal to an herbicide containing the active ingredient Iron (present as FeHEDTA). The reporter had indicated she had sprayed the ready to use product on her lawn several times over the past few days prior to the contact with the registrant. The last use was described as one week prior to the initial contact with the registrant. The caller does not describe a discreet exposure but rather indicates the animal had access to the application area. The animal, a 13 year old female 6 pound mixed breed dog, vomited five days after the last described application of the product. The animal then developed diarrhea one day later and panting was describe (but no onset was given). The animal was seen by a veterinarian but it is unclear from the history when the veterinary examination took place. The veterinarian noted black runny stool and placed the animal on the medications sucralfate and metronidazole. The veterinarian had communicated to the pet owner that the animal had ingested something toxic but the pet owner could be no more significant than that. The pet owner, lastly, communicated the animal had vomited again the afternoon of the initial contact with the registrant. The pet owner was told the active ingredient when diluted as described carries a low order of toxicity. No harm would be expected following incidental contact with the lawn or following ingestion of grass itself. The caller was advised they should continue to pursue a diagnosis with their veterinarian. No further information is available

To be determined by Registrant - À être déterminé par le titulaire

18. Severity classification (if there is more than 1 possible classification, select the most severe)

Classification selon la gravité (s'il y a plus d'une catégorie possible, veuillez choisir la plus grave)

☐ Death - Mort ☐ Major - Majeure ☒ Moderate - Modérée ☐ Minor - Mineure

19. Provide supplemental information here - Donner des renseignements additionnels ici

Incident Report - Déclaration d'incident

Subform I: General Information - Sous-formulaire I: Renseignements généraux

1. Report Type - Type de rapport

- ☒ New incident report - Nouvelle déclaration d'incident
 ☐ Update the report - Mise à jour d'une déclaration précédente

Incident Report No. - N° de la demande 2010-5658

2. Registrant Information - Renseignements concernant le titulaire

Registrant Reference Number - Numéro de référence du titulaire d'homologation PROSAR case # 1-23918628

Registrant Name (Full Legal Name, no abbreviations)
 Nom du titulaire (nom légal complet, aucune abréviation) Scotts Canada Ltd.

Address
 Adresse 2000 Argentia Road, Plaza 5, Suite 101

City - Ville Mississauga Prov / State - État Ontario

Country - Pays Canada Postal Code - Code postal / Zip L5N2R7

Registrant Contact Person - Personne ressource du titulaire

Telephone - Téléphone Fax - Télécopieur

Email - Courriel

3. Select the appropriate subform(s) for the incident - Choisir le (les) sous-formulaire(s) correspondant à l'incident

- ☐ Human - Incident chez l'humain
 ☒ Residues in Food - Résidus dans les aliments
☐ Domestic Animal - Incident chez un animal domestique
 ☐ Packaging Failure - Défaillance de l'emballage
☒ Environment - Environnement
 ☐ Scientific Study - Étude scientifique

4. Date registrant was first informed of the incident

Date à laquelle le titulaire d'homologation a été informé pour la première fois de l'incident 2010-08-23

5. Location of incident - Lieu de l'incident

Country - Pays Canada - Canada Prov / State - État ON City - Ville St. Thomas

6. Date incident was first observed

Date de la première observation de l'incident

☒ Unknown - Inconnu

Product Description - Description du produit

7. a) Provide the active ingredient and, if available, the registration number and product name (include all tank mixes). If the product is not registered provide a submission number

Donner le nom de la matière active et, si disponibles, le numéro d'homologation et le nom du produit (incluant tous les mélanges).

Si le produit n'est pas homologué, donner le numéro de la demande d'homologation

Active

Matière(s) active(s):

PMRA Registration No. PMRA Submission No. EPA Registration No. ☐ Unknown / Inconnu
 ARLA N° d'homologation ARLA N° de la demande d'homologation EPA N° d'homologation

Product Name / Nom du produit:

Active ingredient / Matière active:

Application Information - Renseignements sur l'application

8. Product was applied? - Est-ce que le produit a été appliqué? ☒ Yes - Oui ☐ No - Non ☐ Unknown - Inconnu

9. Application Rate / Dose d'application: Units / Unités: Other Units / Autres unités: ☒ Unknown - Inconnu

10. Site pesticide was applied to (select all that apply) - Site d'application (choisir tout ce qui s'applique)

Site / Site: Specify Type / Préciser le type:

11. Provide any additional information regarding application (how it was applied, amount applied, the size of the area treated etc)
 Donner tout renseignement additionnel concernant l'application (comment le produit a été appliqué, la quantité utilisée, la superficie de la zone traitée, etc.)

To be determined by Registrant - À être déterminé par le titulaire

12. In your opinion, was the product used according to the label instructions?
 Selon vous, le produit a-t-il été utilisé en conformité avec le mode d'emploi de l'étiquette?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

Subform IV: Environment - Sous-formulaire IV : Environnement
(includes plants insects and wildlife) - (y compris les plantes, les insectes et la faune)

1

Must use a separate form for each **type** of organism affected (see Question 1). If multiple organisms of the same type are affected, use a single form

Il faut utiliser un formulaire distinct pour chaque **type** d'organisme touché (voir la question 1). Si plusieurs organismes du même type ont été touchés, veuillez utiliser un seul formulaire.

1. Type of organism affected - Type d'organisme touché Herbaceous Plants / Plante herbacée

2. Common name(s)
Nom(s) commun(s)

Lawn or grass

☐ Unknown - Inconnu

3. Scientific name(s)
Nom(s) scientifique(s)

☒ Unknown - Inconnu

4. Number of organisms affected - Nombre d'organismes touchés

☒ Unknown - Inconnu

5. Description of site where incident was observed - Description du lieu où l'incident a été observé:

Terrestrial - Terrestre

- ☒ Residential - Résidentiel
☐ Agricultural - Agricole
☐ Roadside - Bord de chemin
☐ Forest - Forêt
☐ Other - Autre

Fresh water - Eau douce

- ☐ Pond - Étang
☐ Stream - Ruisseau
☐ River - Rivière
☐ Lake - Lac
☐ Sediments - Sédiments
☐ Wetland - Terre humide
☐ Other - Autre

Salt Water - Eau salée

- ☐ Estuary - Estuaire
☐ Bay - Baie
☐ Ocean - Océan
☐ Sediments - Sédiments
☐ Other - Autre

6. Check all symptoms that apply - Cocher tous les symptômes qui s'appliquent à:

- | | |
|--|--|
| <input type="checkbox"/> Abnormal abscission - Abscission anormale | <input type="checkbox"/> Epinasty (leaf wilt) - Épinastie (flétrissement des feuilles) |
| <input type="checkbox"/> Abnormal flower quality or number - Qualité ou quantité anormale de fleurs | <input type="checkbox"/> Reduced emergence - Levée réduite des semis |
| <input type="checkbox"/> Abnormal leaf discoloration - Décoloration anormale des feuilles | <input type="checkbox"/> Reduction in seed or fruit yield
Réduction de la production de semences et de fruits |
| <input type="checkbox"/> Abnormal plant stance - Port anormal de la plante | <input type="checkbox"/> Stunted vegetative growth - Rabougrissement |
| <input checked="" type="checkbox"/> Death - Mort | <input type="checkbox"/> Terminal bud death - Mort des bourgeons terminaux |
| <input type="checkbox"/> Deformities - Malformation | |
| <input type="checkbox"/> Visible injury (eg. chlorosis, necrosis, bleaching)
Lésions visibles à l'oeil nu (p. ex. chlorose [jaunissement], nécrose, décoloration) | |

7. Describe symptoms and outcome (died, recovered, etc.).

Provide additional details about the incident (e.g. amount of rainfall, distance from treatment site, etc.).

Décrire les symptômes et issue (mort, rétablissement, etc.).

Donner tout détail additionnel au sujet de l'incident (p.ex. quantité de pluie, distance du site d'application, etc.).

1-23918628- The reporter indicates the use of an herbicide that contains the active ingredient FeHEDTA. The reporter indicates the use of the product on her lawn. The reporter indicates she has noted her grass has been killed? some time after application. She does not clarify the application rate, application technique, or time frame between the application and perceived effect. She does not indicate the area involved. No further information is available.

8. a) Was the incident a result of (select all that apply) - Est-ce que l'incident a été causé par (coucher tout ce qui s'applique) :

- ☒ Application - Application
 ☐ Spill - Déversement
 ☐ Disposal - Élimination
 ☐ Run-off - Ruissellement
 ☐ Drift - Dérive de pulvérisation
☐ Wash-off - Lessivage
☐ Other - Autre
☐ Unknown - Inconnu

8. b) i) How many times has the product been applied this year?
Combien de fois le produit a-t-il été appliqué cette année?

☒ Unknown - Inconnu

8. b) ii) What was the date of the last application?
Date de la dernière application

☒ Unknown - Inconnu

9. Did it rain - Est-ce qu'il a plu

9. a) During application? - Pendant l'application?
 ☐ Yes - Oui
☐ No - Non
☒ Unknown - Inconnu
 9. b) Up to 3 days after application? - Jusqu'à 3 jours après l'application?
☐ Yes - Oui
☐ No - Non
☒ Unknown - Inconnu

10. a) Was there a buffer zone? - Y avait-il une zone tampon?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

11. a) Were environmental samples collected and analysed?

Est-ce que des échantillons ont été recueillis dans l'environnement et analysés?

☐ Yes - Oui ☐ No - Non ☒ Unknown - Inconnu

To be determined by Registrant - À être déterminé par le titulaire

12. Severity classification (if there is more than one possible classification, select the most severe)

Classification selon la gravité (s'il y a plus d'une catégorie possible, veuillez choisir la plus grave)

☐ Major - Majeure
☐ Moderate - Modérée
☒ Minor - Mineure

13. Please provide supplemental information here

Donner des renseignements additionnels ici