



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL SERVICES DIVISION

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.4432 Fax: 605.773.3481

sdda.sd.gov

Pesticide Incident Form

Name: _____ Phone Number: _____

Address: _____

County: _____ Legal description of incident location: _____

Type of property allegedly damaged: _____

Describe alleged damage:

Type of application (if known): Ground () Aerial () Pesticide Applied (if known): _____

Facts of application: Date: _____ Time (approximate): _____

Weather conditions (i.e. wind direction, wind speed, temperature, relative humidity) at time of application:

Description of crop where application was made: _____

Landowner name: _____

Applicator name (if known): _____

Have you talked to the applicator? Yes () No ()

If so, results of the discussion:

Witnesses, if any:

Name

Address

Phone Number

Additional Comments:

Signature: _____ Date: _____

Note: Please complete sketch of damage on accompanying Pesticide Incident Sketch Form.



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Pesticide Incident Sketch Form

Name: _____ Signature: _____ Date: _____

Sketch location of damaged area, indicating section, location, and size of area alleged to be damaged.

North

South

West East

Additional comments: