ASSURING THE SAFETY, QUALITY AND EFFICACY OF VETERINARY MEDICINES

Veterinary Medicines Directorate,
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Tel No. 01932 338427
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Website: www.vmd.gov.uk

IN CONFIDENCE

For Official Use Only

Env. incident No. ☐

VMP file if appropriate ☐

Date received ☐☐/☐☐/☐☐☐☐

Date acknowledged ☐☐/☐☐/☐☐☐☐

Environmental Incident Report

This form should be completed and sent to the address above whenever an environmental incident is suspected of being related to the use of a veterinary medicine.

ALL REPORTERS MUST COMPLETE THIS SECTION

Date of incident: ..... ☐☐/☐☐/☐☐☐☐

Name of active ingredient (if known):

Name of product (if known):

Product number (on label) where available:

Has the appropriate pollution control agency (EA, SEPA), Wildlife Incident Investigation Scheme (WIIS) [and other agencies in Scotland and Northern Ireland] already been informed of this environmental incident?

- If YES, please give details overleaf.
- If NO, please contact the relevant agency:
  - EA - 0800 807060
  - SEPA - 0800 807060
  - WIIS - 0800 321600

Your reference number (if any): ☐

Name and address of person sending this form to the VMD:

Postcode:

Address where the incident(s) occured or water course affected:

Postcode: Grid reference:

Has the Marketing Authorisation (MA) holder already been informed? YES ☐ NO ☐

The MA holder may wish to contact you for further details. If you do not want the name(s) and address(es) on the form to be revealed, please tick this box ..... ☐

Details of adverse effects on non-target ANIMAL* species through environmental exposure

** Animal species including birds, fish and invertebrates not treated with the veterinary medicine*

Species involved	No. of animals/length of watercourse affected	No. of deaths	Details of incident including nature of adverse effects and possible cause if known e.g. structural failure

Please attach any further information and/or continue overleaf.

Is there any further information to follow? ..... YES ☐ NO ☐

Details of adverse effects in HUMANS following environmental exposure

- No. of people involved: ☐
- Date of exposure: ☐☐/☐☐/☐☐☐☐
- Date of onset of symptoms: ☐☐/☐☐/☐☐☐☐

Name(s) if available	Details of environmental exposure and nature of adverse effects

Please attach any further information and/or continue overleaf.

Is there any further information to follow? YES ☐ NO ☐ Tick this box if extra forms are required ☐