OMB NO.: 0923-0008
EXPIRATION DATE: 05/31/2008

Hazardous Substances Emergency Events Surveillance (HSEES)
Service or Material Request Form

* Indicates required information

Requestor Information:

* Date Submitted: ____/____/____ * Date Needed: ____/____/____

* Name: _____

Title: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____-____

Phone: _____ Fax: _____

* E-mail address: _____

Service or Material Requested (check off what is needed)

____ HSEES public use dataset (to do your own data analysis)
__ Please mail me a CD
__ I will download from this website

____ Custom Data Request (describe exactly what data is needed)
_____

_____

____ HSEES brochure (number of copies) _____

____ HSEES Report Year(s) _____ Number of copies _____

____ HSEES Protocol

____ HSEES Data collection Form and Training Manual

____ Journal Article: Lead Author _____ Year_____

Title or Topic _____

____ Clearance of HSEES-related materials that will be disseminated

____ Other (specify) _____

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Will this information be disseminated in any way (i.e. as part of a fact sheet, report, presentation, poster, journal article)
__ Yes, redistributed, as is (please complete rest of form)
__ Yes, as part of something new (please complete rest of form)
__ No (Thanks, you are finished)

PLEASE COMPLETE ALL OF THE INFORMATION SO THAT WE MAY CONTINUE TO JUSTIFY THIS PROGRAM AND PROVIDE THESE SERVICES

*** Target Audience type(s) _____**
(i.e., EMTs, Industry Safety Personnel

*** Approximate Audience Number _____**
(i.e., copies distributed, attendees at the conference, or hits on website)

Intended purpose for requested materials (check off all appropriate)

____ Internet Site (website address or name) _____

____ Fact Sheet topic _____

____ Report topic _____

____ Journal Article topic _____

Submitting to: _____

____ Newsletter topic _____

Submitting to: _____

____ Poster or presentation topic _____
for a conference, Name of Conference _____
meeting, etc. Date____/____/____

_____ General awareness information on the program

____ Other (specify) _____

Is this an HSEES approved prevention outreach activity yes no

If not submitting online, submit to Casetta Simmons, ATSDR/DHS/ESB, 1600 Clifton Road, N.E., Mailstop E-31, Atlanta, GA 30333, Fax to 404-498-0077, E-mail CSimmons@cdc.gov

_____ For Official Use Only _____
ID # _____ Date Received ____/____/____ Date Completed ____/____/____Initials____