

## Attachment E. NTSIP State Data Collection Form Screen Shots (Web version)

First you must answer question 1, is this an eligible NTSIP incident? Then there are 10 tabs to click on to get the different sets of questions to fill in. Only the questions with numbers need to be asked, the others are automatically filled in by the computer or are legacy HSEES questions that the state may choose to fill in if they have the information. There are mostly drop down menus for ease of use.

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Event Details ★

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

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TEST ENVIRONMENT - UNKNOWN DB - You appear to be User #.ft7

[Back](#) | Event:   | 
 [Save](#) | [Refresh](#) | [Delete](#) | [Print Summary](#) | [Print Questionnaire](#) (  Show all )

### Event Details

Form Approved  
 OMB No. 0923-XXXX  
 Exp. Date xx/xx/20xx

Event Identifier:  Event Status:

Date entered system:

1. Eligible for entrance to surveillance system:  Why?

Substances associated with this event were:

Notification | 
 Description | 
 Area/Factors | 
 Transportation/Fixed Facility | 
 Substances | 
 Victims | 
 Decon/Population | 
 Evacuation | 
 Response | 
 Comments/Synopsis

2. Notification Date:

3. Notification Source:

3a. Supplementary Source1:

3b. Supplementary Source2:

3c. Supplementary Source3:

Notification Contact:

Notification | 
 Description | 
 Area/Factors | 
 Transportation/Fixed Facility | 
 Substances | 
 Victims | 
 Decon/Population | 
 Evacuation | 
 Response | 
 Comments/Synopsis

2. Notification Date:

3. Notification Source:

3a. Supplementary Source1:

3b. Supplementary Source2:

3c. Supplementary Source3:

Notification Contact:

Name: <input type="text" value="Jenny Craig"/>	Agency: <input type="text" value="Poison Control"/>
Street: <input type="text" value="2982 Villa Esta Drive"/>	City: <input type="text" value="Chamblee"/>
Country: <input type="text" value="UNITED STATES"/>	State: <input type="text" value="Georgia"/>
County: <input type="text" value="DeKalb"/>	Zip Code: <input type="text" value="30294"/>
Phone: <input type="text" value="4049938841"/>	

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

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Event Details ★

<b>Notification</b>	<b>Description</b>	<b>Area/Factors</b>	<b>Transportation/Fixed Facility</b>	<b>Substances</b>	<b>Victims</b>	<b>Decon/Population</b>	<b>Evacuation</b>	<b>Response</b>	<b>Comments/Synopsis</b>
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4. Date of the Event:

5. Time of the Event:

Day of the Week the event occurred:

6. Were multiple locations contaminated during this event:  Yes  No  
(if yes, please put description in Comments):

*Event Location: If exact street address is not known, enter cross streets, highway mile marker, etc.*

  

Street:

Country:

County:

Latitude:

Degree-to-Decimal:

City:

State:

Zip:

Longitude:

Degree-to-Decimal:

  

Encryption  Event is encrypted

Event Details ★

1. Eligible for entrance to surveillance system:  Why?

Substances associated with this event were:

<b>Notification</b>	<b>Description</b>	<b>Area/Factors</b>	<b>Transportation/Fixed Facility</b>	<b>Substances</b>	<b>Victims</b>	<b>Decon/Population</b>	<b>Evacuation</b>	<b>Response</b>	<b>Comments/Synopsis</b>
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Were the following within 1/4 mile radius of the event:*(click the P button, or override and select all that apply, )*

11: General Land use in the surrounding area:*(May have ONE or TWO entries)*

General weather conditions:*(May have ONE or TWO entries)*

12. Factors*(Primary factor required. If no secondary factor, choose "N")*

- [1] Improper mixing
- [2] Valve failure
- [3] Ruptured pipeline
- [4] Improper filling, loading, or packing
- [5] Extreme heat
- [6] Extreme cold
- [8] Other
- [A] Performing maintenance
- [B] System/process upset
- [C] System start up and shutdown
- [E] Power failure/electrical problems
- [F] Unauthorized/improper dumping
- [I] Vehicle or vessel collision
- [J] Fire
- [K] Explosion
- [L] Overspray/misapplication
- [M] Weather disaster (hurricane, tornado, flood)
- [N] Lightning
- [O] Load shift
- [P] Vehicle or vessel derailment/rollover/capsizing
- [Q] Illicit drug production related
- [R] Forklift puncture
- [S] Aging Machinery
- [T] Impact with a sharp or protruding object
- [U] Loose closure, component or device
- [V] Vandalism
- [W] High winds
- [X] Rain
- [Y] Snow, ice, sleet, hail
- [Z] Fog or mist

Primary:

Specify:

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Event Details

Substances associated with this event were: [2] Threatened to be released into the environment

Notification Description Area/Factors **Transportation/Fixed Facility** Substances Victims Decon/Population Evacuation Response Comments/Synopsis

13. What Type of Event is this:  Transportation  Fixed Facility

14. Mode of transportation involved: (May have ONE or TWO entries)

Sub- Categories

Ground	Rail	Water	Air
Tanker Truck	Container on Flat car	Container ship with own power	Crop Duster
Non Tanker Truck	Tank Car	Tanker ship with own power	Cargo Plane
Van	Box Car	Barge towed by other vessel	Passenger Plane
Automobile	Other	Other	Other

15. What phase of transportation involved:

16. Area/Equipment of the fixed facility was involved: (May have ONE or TWO entries)

Number of people employed by the facility:

For Commercial/Recreational area-number of people present:

17. Release impacted closed structure:  Inside only  Outside only  Both

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Back | Event: [ ] Go | Save | Refresh | Delete | Print Summary | Print Questionnaire (  Show all)

Event Details

Event Identifier: [ ]

Date entered system: [ ]

1. Eligible for entrance system: [ ]

Substances associated were:

Notification Description

Total number of substances: [ ]

Number

1 Water, purified

**Substance MakeUp Information**

18. Chemical Type: [ ]

19. Was the substance: [ ]

20. Used as pesticide:  Yes  No

21. Type of release: (May have ONE or TWO entries)

[1] Spill(liquid or solid)

[2] Volatilization/aerosolized (vapor)

[3] Fire

[4] Explosion

22. Quantity released: [ ] [ ]

23. Unit of Measure: [ ]

[Add New Chemical Information](#)

OK Cancel

[Add New Substance](#)

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### 25. Victim Information

Category: [1] Employee      HazMat: [3] Not a responder

Severity: [C] Treated at hospital (admission unknown)

Injury Types: [A] Trauma      Sub-Categories: Trauma  
 [B] Respiratory system problems      Burns  
 [C] Eye irritation      Other Types of protection: Gloves, Eye Protection, Hard Hat, Steel-Toed Shoes  
 [D] Gastrointestinal problems      Other:

PPE: [1] None      Sex:   
 [2] Level 'A'  
 [3] Level 'B'  
 [4] Level 'C'

Age: if age is less than one, enter zero(0)      Distance:       Decontaminated:

OK    Cancel

Version: 6.1.4776.27701 (2/1/2013)

Notification    Description    Area/Factors    Transportation/Fixed Facility    Substances    Victims    Decon/Population    Evacuation    Response    Comments/Synopsis

26. Total Number of people decontaminated on scene:

27. Total Number of people decontaminated on at medical facility:

Override

          

People Live:  
 1/4 mile:       1/2 mile:       1 mile:

Area impacted:

28. Did the event effect any of the following route of the transportation?:  
 (Select all that apply)

[1] Interstate/freeway  
 [2] Arterial roads  
 [3] Local roads  
 [4] Waterway

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Notification	Description	Area/Factors	Transportation/Fixed Facility	Substances	Victims	Decon/Population	Evacuation	Response	Comments/Synopsis
29. Evacuation ordered: <input type="radio"/> Yes <input type="radio"/> No									
Area of evacuation criteria: <input type="text"/>									
30. Total number of people evacuated: <input type="text"/> <input type="text"/>									
Total evacuation hours: <input type="text"/>									
31. In-Place sheltering: <input type="radio"/> Yes <input type="radio"/> No									
32. Area access restrictions:(Select all that apply)									
<input type="checkbox"/> [1] No restriction									
<input type="checkbox"/> [2] Room									
<input type="checkbox"/> [3] Wing/section of building									
<input type="checkbox"/> [4] Building									

Notification	Description	Area/Factors	Transportation/Fixed Facility	Substances	Victims	Decon/Population	Evacuation	Response	Comments/Synopsis
33. Activities taken to protect public health as a result of this event: <i>(May have ONE or TWO entries)</i>									
<input type="checkbox"/> [A] None									
<input type="checkbox"/> [1] Health advisory issued									
<input type="checkbox"/> [2] Well survey conducted									
<input type="checkbox"/> [3] Alternate water provided									
Emergency action end date: <input type="text"/>									
Emergency end time: <input type="text"/>									
34. Responder: <i>(May have up to ELEVEN entries)</i>									
<input type="checkbox"/> [1] No response									
<input type="checkbox"/> [2] Certified HazMat team									
<input type="checkbox"/> [3] Company's response team									
<input type="checkbox"/> [4] Law enforcement agency									

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This last page is for the state to enter data that will help with analysis of the incident later on. They are not questions they will ask of the public.

Notification Description Area/Factors Transportation/Fixed Facility Substances Victims Decon/Population Evacuation Response **Comments/Synopsis**

Keywords:

1

35. Are there any comments on the data collection form:  Yes  No

Comment

36. Enter a brief synopsis of the event with the pertinent information:

Synopsis