

	A	B	C
1	Label/Short Name	Description	Value Set Code
2	CDC Report ID	CDC assigned report ID.	(ALPHANUMERIC)
3	CDC Form ID	CDC assigned form ID.	(ALPHANUMERIC)
4	State Report ID	State assigned report ID.	(ALPHANUMERIC)
5	Human Case ID	State assigned human case ID.	(ALPHANUMERIC)
6	Date Created	The date when the report was created.	(DATE)
7	<b>General Information: Human Description</b>		
8	Sex	The sex of the human case.	(SELECT FROM LIST)
9	Age (years)	The age (in years) of the human case.	(NUMERIC)
10	State of residence	The state of residence of the human case.	(SELECT FROM LIST)
11	<b>General Information: Dates</b>		
12	Date of Exposure	Did the person have an exposure on a single date or multiple dates?	(SELECT FROM LIST) Single date/Multiple dates/Unknown
13	Date of First Exposure	When was the first exposure?	(DATE)
14	Time of First Exposure	What time did the person have their first exposure?	(TIME)
15	Date of Last Exposure	When was the last exposure?	(DATE)
16	Time of Last Exposure	What time did the person have their last exposure?	(TIME)
17	Date of Illness Onset	When did illness begin?	(DATE)
18	Time of Illness Onset	What time did the illness onset begin?	(TIME)
19	Date of Illness Recovery	When did illness end?	(DATE)
20	Time of Illness Recovery	What time did the illness end?	(TIME)
21	Date of Death	When did the patient die?	(DATE)
22	Time of Death	What time did the death occur?	(TIME)
23	Date of Notification to Authorities	When were State, Territories, Local, or Tribal Health Authorities notified?	(DATE)
24	Date of Interview	When did the interview occur?	(DATE)
25	Time of Interview	What time did the interview occur?	(TIME)
26	Date Remarks	Additional information regarding date(s).	(FREE TEXT)
27	<b>Human Exposure Information: Exposure Description</b>		
28	Exposure State(s)	What state the did the exposure occur in?	(MULTISELECT)
29	Exposure Count(ies)	What county the did the exposure occur in?	(MULTISELECT)
30	Exposure Setting(s)	What setting the did the exposure occur in?	(MULTISELECT) e.g. State Park/Private Residence
31	Specific Location Name(s)	What is the specific name of the location where the exposure occurred?	(FREE TEXT) e.g. Cook's beach
32	Exposure Source	What medium was the exposure source?	(SELECT FROM LIST) e.g. Food/Water/Air/Other/Unknown
33	Exposure Activity	What activities may have been associated with exposure?	(SELECT FROM LIST) e.g. Recreation activities/Personal use/Commerical agriculture/Farming/Non-personal use/Aquaculture/Other/None/Unknown
34	Exposure Activity Description	Description of exposure activity.	(FREE TEXT)
35	Water Type	Type of water body if applicable.	(SELECT FROM LIST) e.g. Lake/Beach/Community water system/Other/Unknown
36	Food Type	Type of food if applicable.	(SELECT FROM LIST) e.g. Shellfish/Mussels/Finfish/Other/Unknown
37	Activity Duration	How long did the activity last?	(NUMERIC)
38	Activity Duration Unit	What was the unit of time of the activity?	(SELECT FROM LIST) Minutes/Hours/Days
39	Routes of Exposure	What were the routes of exposure?	(MULTISELECT) e.g. Ingestion/Inhalation/Skin Contact/Other/Unknown
40	Exposure Remarks	Any additional information regarding the exposure(s)?	(FREE TEXT)
41	<b>Illness and Health Outcomes: Signs and Symptoms of Illness</b>		
42	Signs or symptoms	What signs or symptoms of illness were experienced?	(SELECT FROM LIST) e.g. Lethargy/Ear Discharge/Rash/Other/Unknown
43	Time to Onset	What was the time to illness onset?	(NUMERIC)
44	Onset Unit	What was the unit of time?	(SELECT FROM LIST) Minutes/Hours/Days
45	Duration of Symptoms	How long did the symptom(s) last?	(NUMERIC)
46	Duration Unit	What is the unit of time?	(SELECT FROM LIST) Minutes/Hours/Days
47	Recurrence Following Mutiple Exposures	Did the symptom reoccur after secondary, tertiary, etc exposures?	Yes No Unknown (YNU)

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48	Signs/Symptoms Consistent with Exposure	Was the sign/symptom consistent with the route of exposure?	Yes No Unknown (YNU)
49	Signs/Symptoms Consistent with Food Item	If food was implicated, were the signs/symptoms consistent with foodborne fish/shellfish poisoning?	Yes No Unknown (YNU)
50	Poisoning Description	Characterization of foodborne poisoning symptoms.	(SELECT FROM LIST) <i>e.g. PSP/Ciguatera/Other</i>
51	Signs/Symptoms Remarks	Additional comments for signs/symptoms.	(FREE TEXT)
52	<b>Illness and Health Outcomes: Medical Care and Health Outcomes</b>		
53	Care from Non-medical Provider	Did the person receive first aid care from a non-medical provider?	Yes No Unknown (YNU)
54	Healthcare Visit	Did the person visit a healthcare provider?	Yes No Unknown (YNU)
55	Emergency Department Visit	Did the person go to an emergency department?	Yes No Unknown (YNU)
56	Poison Control Contact	Was a poison control center contacted?	Yes No Unknown (YNU)
57	Death	Did the person die?	Yes No Unknown (YNU)
58	Additional Medical/Health Outcome Information	Do you have additional information about medical care or health outcomes for this person?	Yes No Indicator (HL7)
59	Medical Care and Health Outcome Remarks	Additional comments for medical care and health outcomes.	(FREE TEXT)
60	<b>Illness and Health Outcomes: Health History and Differential Diagnosis</b>		
61	Chronic Respiratory Disease	Does the person have a history of chronic respiratory disease <i>e.g. asthma, COPD</i> ?	Yes No Unknown (YNU)
62	Tobacco Use	Does the person have a history of tobacco use?	Yes No Unknown (YNU)
63	Chronic Skin Disease	Does the person have a history of skin disease <i>e.g. psoriasis, eczema</i> ?	Yes No Unknown (YNU)
64	Allergies	Does this person have a history of allergies to food, medication, or other substances?	Yes No Unknown (YNU)
65	Chronic Gastrointestinal Disease	Does this person have a history of chronic gastrointestinal disease <i>e.g. Crohn's disease</i> ?	Yes No Unknown (YNU)
66	Chronic Kidney Disease	Does this person have a history of chronic kidney disease <i>e.g. caused by hypertension, diabetes, extended use of NSAIDs</i> ?	Yes No Unknown (YNU)
67	Liver Disease	Does this person have a history of liver disease <i>e.g. hepatitis or cirrhosis</i> ?	Yes No Unknown (YNU)
68	Chronic Neurologic Disease	Does this person have a history of chronic neurologic disease <i>e.g. caused by diabetes</i> ?	Yes No Unknown (YNU)
69	Immunocompromised	Was the person immunocompromised due to medication or illness <i>e.g. transplant recipient, diabetic</i> ?	Yes No Unknown (YNU)
70	Alcohol Consumption within 24 Hours	Did the person drink any alcohol within 24 hours prior to symptoms?	Yes No Unknown (YNU)
71	Pregnant	Was the person pregnant?	Yes No Unknown (YNU)
72	Skin Sensitivity due to Medication	Was the person taking medications that increased skin sensitivity to the sun <i>e.g. acne treatment, antibiotics</i> ?	Yes No Unknown (YNU)
73	OTC Pain Medication	Did the person frequently take over the counter (OTC) pain medication <i>e.g. more than 5 times a week</i> ?	Yes No Unknown (YNU)
74	Open Wounds	Did the person have an open wound, sores, or broken skin at the time of exposure?	Yes No Unknown (YNU)
75	Communicable Diseases	Had the person recently been exposed to any communicable diseases that cause similar signs or symptoms?	Yes No Unknown (YNU)
76	Environmental Irritants	Had the person recently been exposed to any environmental irritants that cause similar signs or symptoms <i>e.g. poison ivy/oak</i> ?	Yes No Unknown (YNU)
77	Other Causes Investigated	Were other causes of the illness investigated?	Yes No Unknown (YNU)
78	Other Environmental Sample Testing	Were environmental samples tested to rule out other possible causes <i>e.g. mushrooms</i> ?	Yes No Unknown (YNU)
79	<b>Clinical Testing</b>		
80	Clinical Specimen Testing	Were clinical specimens tested?	Yes No Unknown (YNU)

	A	B	C
81	Type of Clinical Testing	What type of clinical testing was performed to diagnose the illness or rule out other causes?	(MULTISELECT) <i>e.g. Bloodwork/Culture/Fecal analysis/Histopathology/Skin biopsy/Stomach content analysis/Toxicology/Urinalysis/X-ray/Other/Unknown</i>
82	Classification	What broad category of pathogen/toxin does the test result fall within?	(SELECT FROM LIST)
83	Genus or Toxin	What is the genus or toxin name?	(SELECT FROM LIST)
84	Species	What is the species name?	(SELECT FROM LIST)
85	Subspecies/Serotype/Genotype	What is the subspecies, serotype, or genotype?	(SELECT FROM LIST)
86	Specimen Detection	What type of clinical specimen tested positive?	(SELECT FROM LIST) <i>e.g. Blood/Stool/Tissue/Stomach Contents/Other</i>
87	Concentration	What was the concentration of the test result?	(NUMERIC)
88	Concentration Unit	What is the test result unit of concentration?	(SELECT FROM LIST)
89	Test Type	What was the type of test that was performed?	(SELECT FROM LIST)
90	Clinical Testing Remarks	Additional remarks regarding clinical testing?	(FREE TEXT)
91	<b>Supplemental Information</b>		
92	General Remarks	Additional remarks regarding the human case.	(FREE TEXT)
93	Attachments	Additional attachments regarding the human case.	(UPLOAD) <i>e.g. word document, excel spreadsheet, image</i>
94	<b>Report Administration</b>		
95	Report Author	Who is the author of the report?	(FREE TEXT)
96	Form Author	Who is the author of the form?	(FREE TEXT)
97	Reporting Site Name	What is the name of the reporting site?	(FREE TEXT)
98	Agency Name	What is the name of the agency?	(FREE TEXT)
99	Agency Contact Name	Who is the agency contact?	(FREE TEXT)
100	Agency Contact Title	What is the agency contact's title?	(FREE TEXT)
101	Agency Contact Phone	What is the agency contact's phone number?	(FREE TEXT)
102	Agency Contact Fax	What is the agency contact's fax number?	(FREE TEXT)
103	Agency Contact Email	What is the agency contact's email address?	(FREE TEXT)

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CDC Form ID	CDC assigned form ID.	(ALPHANUMERIC)
State Report ID	State assigned report ID.	(ALPHANUMERIC)
Human Case ID	State assigned human case ID.	(ALPHANUMERIC)
Date Created	The date when the report was created.	(DATE)
<b>General Information: Animal Description</b>		
Animal Category	What is the category of animal(s) being reported?	(SELECT FROM LIST) <i>e.g. Domestic pet/Livestock/Wildlife/Other/Unknown</i> (SELECT FROM LIST) Animal Type (FDD)
Animal Type	What type of animal(s) are you reporting?	
Animal Description	Additional animal(s) description.	(FREE TEXT) <i>e.g. dog breed, cat breed, type of bird, amphibian, reptile, other, or other mammal</i>
Single/Group of Animal(s)	Does this illness report describe a single animal or a group of animals <i>e.g. school of fish, flocks, herds?</i>	(SELECT ONE) Single Animal/Group of Animals
Single Animal Age	What is the age of the animal?	(NUMERIC)
Single Animal Weight	What is the weight of the animal (kg/lb)?	(NUMERIC)
Single Animal Death	Did the animal die?	Yes No Unknown (YNU)
Single Animal Condition	What condition was the animal found in?	(MULTISELECT) <i>e.g. Alive/Fresh/Scavenged/Decomposed/Unknown/Not applicable</i>
Group Animals Affected	How many animals were affected?	(NUMERIC)
Group Animal Deaths	Did any animals die?	Yes No Unknown (YNU)
Group Animal Death Count	How many dead animals were counted?	(NUMERIC)
Group Animal Condition	What condition were the animals found in?	(MULTISELECT) <i>e.g. Alive/Fresh/Scavenged/Decomposed/Unknown/Not applicable</i>

**General Information: Dates**

Date of Exposure	Did the person have an exposure on a single date or multiple dates?	(SELECT FROM LIST) Single date/Multiple dates/Unknown
Date of First Exposure	When was the first exposure?	(DATE)
Time of First Exposure	What time did the first exposure occur?	(TIME) AM/PM
Date of Last Exposure	When was the last exposure?	(DATE)
Time of Last Exposure	What time did the last exposure occur?	(TIME) AM/PM
Date of Discovery	When was the animal discovered?	(DATE)
Time of Discovery	What time was the animal discovered?	(TIME) AM/PM
Date of Illness Onset	When did the illness begin?	(DATE)
Time of Illness Onset	What time did the illness begin?	(TIME) AM/PM
Date of Death	When did the animal(s) die?	(DATE)
Time of Death	What time did the animal(s) die?	(TIME) AM/PM

Date of Notification to Authorities	When were State, Territories, Local, or Tribal Health Authorities notified?	(DATE)
Date Remarks	Additional remarks regarding the date.	(FREE TEXT)

**Animal Exposure Information: Exposure Description**

Exposure State(s)	What state did the exposure occur in?	(MULTISELECT)
Exposure Count(ies)	What county did the exposure occur in?	(MULTISELECT)
Exposure Setting(s)	What setting did the exposure occur in?	(MULTISELECT) <i>e.g. State Park/National Park/Private Residence</i>
Specific location name(s)	What is the specific name of the location where the exposure occurred?	(FREE TEXT) <i>e.g. Cook's beach</i>
Exposure Source	What medium was the exposure source?	(SELECT FROM LIST) <i>e.g. Food/Water/Air/Other/Unknown</i>
Exposure Activity	What activities may have been associated with exposure?	(SELECT FROM LIST) <i>e.g. Recreation activities/Swimming/Other/None/Unknown</i>
Water Type	Type of water body if applicable.	(SELECT FROM LIST) <i>e.g. Lake/Beach/Community water system/Other/Unknown</i>
Food Type	Type of food if applicable.	(SELECT FROM LIST) <i>e.g. Shellfish/Mussels/Finfish/Other/Unknown</i>
Activity Duration	How long did the activity last?	(FREE TEXT)
Activity Duration Unit	Unit of the time.	(Minutes/Hours/Days)

Routes of Exposure	What were the routes of exposure?	(MULTISELECT) <i>e.g. Ingestion/Inhalation/Skin Contact/Other/Unknown</i>
Exposure Remarks	Any additional information regarding the exposure(s)?	(FREE TEXT)

**Signs of Illness and Health Outcomes: Signs of Illness**

Signs	What signs of illness were observed?	(SELECT FROM LIST) <i>e.g. Lethargy/Ear Discharge/Rash/Other/Unknown</i>
Time to Onset	What was the time to illness onset?	(NUMERIC)
Onset Unit	What was the unit of time?	(SELECT FROM LIST) Minutes/Hours/Days
Duration of Signs	How long did the sign(s) last?	(NUMERIC)
Duration Unit	What is the unit of time?	(SELECT FROM LIST) Minutes/Hours/Days
Recurrence Following Mutiple Exposures	Did the sign reoccur after secondary, tertiary, etc exposures?	Yes No Unknown (YNU)
Signs Consistent with Exposure	Was the sign consistent with the route of exposure?	Yes No Unknown (YNU)

**Signs of Illness and Health Outcomes: Medical Care and Health Outcomes**

Veterinary Treatment	Did the animal(s) receive veterinary medical care or treatment?	Yes No Unknown (YNU)
Veterinary Admission	Did the animal(s) get admitted to a veterinary facility?	Yes No Unknown (YNU)
Additional Medical/Health Outcome Information	Do you have additional information about medical care or health outcomes for the animal(s)?	Yes No Indicator (HL7)
Medical Care and Health Outcome Remarks	Additional information regarding the animal(s) medical care and health outcome.	(FREE TEXT)

**Signs of Illness and Health Outcomes: Health History and Differential Diagnosis**

Pre-existing Conditions	Did the animal(s) have any pre-existing conditions or disabilities?	Yes No Unknown (YNU)
Medications	Did the animal(s) receive any medications in the month before illness onset?	Yes No Unknown (YNU)

Other Causes Investigated Yes No Unknown (YNU)

Other Environmental Sample Testing Were other causes of illness investigated? Yes No Unknown (YNU)  
 Were environmental samples tested to rule out other possible causes *e.g. mushrooms*?

Health History and Differential Diagnosis Remarks (FREE TEXT)  
 Additional remarks regarding the animal(s) health history and differential diagnosis.

**Clinical Testing**

Clinical Specimen Testing Were clinical specimens tested? Yes No Unknown (YNU)

Type of Clinical Testing What type of clinical testing was performed to diagnose the illness or rule out other causes? (MULTISELECT) *e.g. Bloodwork/Culture/Fecal analysis/Histopathology/Skin biopsy/Stomach content analysis/Toxicology/Urinalysis/X-ray/Other/Unknown*

Classification What broad category of pathogen/toxin does the test result fall within? (SELECT FROM LIST)

Genus or Toxin What is the genus or toxin name? (SELECT FROM LIST)

Species What is the species name? (SELECT FROM LIST)

Subspecies/Serotype/Genotype What is the subspecies, serotype, or genotype? (SELECT FROM LIST)

Specimen Detection What type of clinical specimen tested positive? (SELECT FROM LIST) *e.g. Blood/Stool/Tissue/Stomach Contents/Other*

Concentration What was the concentration of the test result? (NUMERIC)

Concentration Unit What is the test result unit of concentration? (SELECT FROM LIST)

Test Type What was the type of test that was performed? (SELECT FROM LIST)

Clinical Testing Remarks Additional remarks regarding clinical testing? (FREE TEXT)

**Supplemental Information**

General Remarks	Additional remarks regarding the animal case.	(FREE TEXT)
Attachments	Additional attachments regarding the animal case.	(UPLOAD) <i>e.g. word document, excel spreadsheet, image</i>
<b>Report Administration</b>		
Report Author	Who is the author of the report?	(FREE TEXT)
Form Author	Who is the author of the form?	(FREE TEXT)
Reporting Site Name	What is the name of the reporting site?	(FREE TEXT)
Agency Name	What is the name of the agency?	(FREE TEXT)
Agency Contact Name	Who is the agency contact?	(FREE TEXT)
Agency Contact Title	What is the agency contact's title?	(FREE TEXT)
Agency Contact Phone	What is the agency contact's phone number?	(FREE TEXT)
Agency Contact Fax	What is the agency contact's fax number?	(FREE TEXT)
Agency Contact Email	What is the agency contact's email address?	(FREE TEXT)



Label/Short Name	Description	Value Set Code
CDC Report ID	CDC assigned report ID.	(ALPHANUMERIC)
CDC Form ID	CDC assigned form ID.	(ALPHANUMERIC)
State Report ID	State assigned animal case ID.	(ALPHANUMERIC)
Date Created	The date when the report was created.	(DATE)
<b>General Information: Dates</b>		
Date of First Bloom	When was the bloom first observed?	(DATE)
Other Event	Reason for report, if no date of first bloom.	(SELECT FROM LIST) <i>e.g. Foodborne intoxication/Other evidence of Harmful algal toxicity</i>
Date of Notification to Authorities	When were State,Territories,Local, or Tribal Health Authorities notified?	(DATE)
Date Remarks	Additional information regarding dates.	(FREE TEXT)
<b>General Information: Geographic Description</b>		
State/Jurisdiction	What state(s)/jurisdiction(s) did the event occur in?	(SELECT FROM LIST)
Count(ies)	What count(ies) did the event occur in?	(MULTISELECT)
Other States Affected	Did an algal bloom impact water quality in any other states?	Yes No Unknown Not applicable
Other States	What other states were affected?	(SELECT FROM LIST)
Official Name of Water Body	What is the official name of the water body?	(FREE TEXT)
Common Name of Water Body	What is the common name of the water body?	(FREE TEXT)
Specific Location Name(s)	What is the specific name of the location?	(FREE TEXT) <i>e.g. Cook's beach</i>
Nearest City/Town	What is the nearest City/Town?	(FREE TEXT)
Coordinate Format	What is the format of the location coordiantes?	(SELECT FROM LIST) <i>e.g., Degrees Minutes Seconds/Decimal Degrees</i>
Latitude	What is the latitude of the event?	(NUMERIC)
Longitude	What is the longitude of the event?	(NUMERIC)
Hydrologic Unit Code	What is the hydrologic unit code?	(MULTISELECT)
Water Type	What water type did the event occur in? What was the type of water body?	(SELECT FROM LIST)

Water Salinity	What salinity was the water body?	(SELECT FROM LIST) e.g. <i>Fresh/Brackish/Salt</i>
Water Body of Bloom	What is the water body, or if applicable, the area of the water body where the bloom was located, used for?	(MULTISELECT) e.g. <i>Agriculture/Aquaculture/Industrial-Occupational/Public drinking water system/Raw water, non-potable/Recreation/Other/None/Unknown</i>
Geographic Description Remarks	Additional information regarding geographic description.	(FREE TEXT)

**Bloom Description: Health Advisories/Warnings**

Type of Advisory/Warning	If an advisory/warning was issued, what was type of advisory/warning?	(SELECT FROM LIST) e.g. <i>Health advisory/No contact warning/Water body closure (recreational activity)/Water body closure (fish/shellfish)/Other</i>
Advisory/Warning Response	Was there a response issued for the type of advisory/warning?	Yes No Unknown Not applicable
Advisory/Warning Agency	What agency if applicable issued the advisory/warning?	(FREE TEXT)
Advisory Criteria/Reason	What criteria/reason was the advisory issued for?	(FREE TEXT)
Advisory/Warning Start Date	What date did the advisory/warning begin?	(DATE)
Advisory/Warning End Date	What date did the advisory/warning end?	(DATE)

**Bloom Description: Observational Data**

Date Documented	What day did the event occur?	(DATE)
Documented By	Who documented the event?	(FREE TEXT)
Scum/Algal Matter Observed	Was any scum or algal matter observed?	Yes No Unknown (YNU)
Water Color	What color was the water?	(SELECT FROM LIST) e.g. <i>Red/Yellow/Green</i>
Water Clarity	What was the water clarity?	(SELECT FROM LIST) e.g. <i>Clear/Muddy</i>
Water Odors	Did the water have an odor?	Yes No Unknown (YNU)
Water Flow	Was there water flow?	(SELECT FROM LIST) <i>Moving/Stagnant/Unknown</i>
Tidal Conditions	Were there tidal conditions?	(SELECT FROM LIST) <i>High tide/Low Tide/Not applicable</i>

**Laboratory Testing: Algae, Algal Toxins or Components Testing**

Samples Tested	What was tested for algae, algal toxins or components?	(MULTISELECT) e.g. <i>Air/Algae/Finished drinking water/Food/Raw water, ambient/No testing/Other/Unknown</i>
Reason Samples Tested	If testing was conducted, why was it tested?	(MULTISELECT) e.g. <i>Fish illness,kill/Animal health event response/Citizen complaint/Human health event response/Monitoring/Odor/Other/Unknown</i>

Water Testing If water testing was performed, were any of the following tests conducted? (MULTISELECT) *e.g. Algae/Algal toxins/Chlorophyll/Copper sulfate/Enterococci/Fecal coliforms/Other*

**Laboratory Testing: Laboratory Results**

Classification What broad category of pathogen/toxin does the test result fall within? (SELECT FROM LIST)

Genus or Toxin What is the genus or toxin name? (SELECT FROM LIST)

Species What is the species name? (SELECT FROM LIST)

Subspecies What is the subspecies? (SELECT FROM LIST)

Sample Detection What type of environmental sample tested positive? (SELECT FROM LIST) *e.g. Blood/Stool/Tissue/Stomach Contents/Other*

Sample Description Description of the environmental sample that tested positive. (FREE TEXT)

Concentration What was the concentration of the test result? (NUMERIC)

Concentration Unit What was the test result unit of concentration? (SELECT FROM LIST)

Test Type What was the type of test that was performed? (SELECT FROM LIST)

Sample Collection Date What date were the samples collected? (DATE)

Sample Collection Time What time were the samples collected? (TIME)

Laboratory Testing Remarks Additional remarks regarding laboratory testing? (FREE TEXT)

**Links to Other Systems: Links to Other Data Systems Containing Information About the Bloom**

System Type What the type of system? (SELECT FROM LIST) Federal/State

System Name What is the system name? (SELECT FROM LIST) *e.g. NPS HAB surveillance/NORS*

System Report ID Number What is the system report ID number? (FREE TEXT)

Brief Description of Linked Information Description of linked information. (FREE TEXT)

**Supplemental Information**

General Remarks Additional remarks regarding the environmental event. (FREE TEXT)

Attachments Additional attachments regarding the environmental event. (UPLOAD) *e.g. word document, excel spreadsheet, image*

### Report Administration

Report Author	Who is the author of the report?	(FREE TEXT)
Reporting Site Name	What is the name of the reporting site?	(FREE TEXT)
Agency Name	What is the name of the agency?	(FREE TEXT)
Agency Contact Name	Who is the agency contact?	(FREE TEXT)
Agency Contact Title	What is the agency contact's title?	(FREE TEXT)
Agency Contact Phone	What is the agency contact's phone number?	(FREE TEXT)
Agency Contact Fax	What is the agency contact's fax number?	(FREE TEXT)
Agency Contact Email	What is the agency contact's email address?	(FREE TEXT)