

Attachment 4h. Synthetic Turf Field Facility Owner Manager Questionnaire

Site ID number	Interview Date	Interviewer ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer: In this interview, I would like to ask you some general questions about your role and responsibilities at this facility and about the operation, maintenance, and use of the synthetic turf fields with crumb rubber infill at your facility.

A1. Who owns the facility?

A1.a What type of organization owns the facility?

- Private
- School
- City
- County
- State
- Military/Federal
- (enter other if necessary)

A2. What is your profession and relationship to this facility?

(owner or manager)

A3. How long have you operated this facility?

months

yrs

A4. May I have your phone number and E-mail address for future contact?

Phone

E-Mail

ATSDR estimates the average public reporting burden for this collection of information as 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 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 Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXX).

A5. Are the synthetic fields at this facility open to the public?

Yes
 No
 Don't Know
 Refused

A6. Is there an open or free-play schedule at this facility?

Yes
 No
 Don't Know
 Refused

A7. Is field use at this facility limited to organization membership or school use only?

Yes
 No
 Don't Know
 Refused

If yes, what organization(s) use the synthetic fields?

A8. How many days per week are the synthetic fields open at this facility during each season?

Days per Week Spring	<input type="text"/>
Days per Week Summer	<input type="text"/>
Days per Week Fall	<input type="text"/>
Days per Week Winter	<input type="text"/>

A9. What is average number of hours per day that people use the synthetic fields at this facility during the four seasons?

Hours per Day Spring	<input type="text"/>
Hours per Day Summer	<input type="text"/>
Hours per Day Fall	<input type="text"/>
Hours per Day Winter	<input type="text"/>

A10a. On average, how many people per day use the synthetic fields at this facility during Spring?

A10b. On average, how many people per day use the synthetic fields at this facility during Summer?

A10c. On average, how many people per day use the synthetic fields at this facility during Fall?

A10d. On average, how many people per day use the synthetic fields at this facility during Winter?

A11. For each of the different age groups, what sports or other activities are played on the synthetic turf fields at this facility during which seasons (check all that apply)?

			Spring	Summer	Fall	Winter	
<input type="checkbox"/>	< 6	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Physical Training (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6 - 11	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Physical Training (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. For each of the different age groups, what sports or other activities are played on the synthetic turf fields at this facility during which seasons (check all that apply)? (continued)

		Spring	Summer	Fall	Winter
<input type="checkbox"/>	12 - 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Training (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Spring	Summer	Fall	Winter
<input type="checkbox"/>	18 +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Training (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Information

A12. Do you have any standard practices in place to reduce tire crumb exposure to people using the synthetic fields?

If so (describe):

Outdoor Fields Only

A13. Are there outdoor fields at this facility?

A14. When was each outdoor synthetic field installed at this facility?

Field	Month	Year

A15. Which company or companies installed these fields?

A16. Do you ever replace all of the tire crumb infill on the outdoor synthetic turf field(s) at your facility?

- Yes
- No
- Don't Know
- Refused

If yes, how often do you replace all of the tire crumb infill on the synthetic turf fields?

<ul style="list-style-type: none"><input type="radio"/> Never/rarely<input type="radio"/> Every 6 months<input type="radio"/> Yearly<input type="radio"/> Every 2-3 years<input type="radio"/> Every 3-5 years<input type="radio"/> Every 5-7 years<input type="radio"/> More than 7 years<input type="radio"/> Don't Know<input type="radio"/> Refused

A17. Do you ever refresh or add tire crumb infill to your outdoor synthetic turf field(s) at your facility?

- Yes
- No
- Don't Know
- Refused

If yes, how often do you refresh or add tire crumb infill to your synthetic turf fields?

- Rarely/Never
- Every 6 months
- Yearly
- Every 2-3 years
- Every 3-5 years
- Every 5-7 years
- More than 7 years
- Don't Know
- Refused

A18. What was the date of the most recent replacement/refreshment?

A19. Which company or companies provides crumb rubber infill material for replacement/refreshment?

A20. Are the following routine field maintenance activities performed on the outdoor synthetic field(s) at this facility?

Activity	Times	per
<input type="checkbox"/> Sweeping	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Brushing	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Redistribution/leveling	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Aerating	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Magnet sweep	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Rejuvenation	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Deep Cleaning	<input type="text"/>	Day/week/month/year

A21. Has the outdoor synthetic field(s) ever been treated with biocides, herbicides, insecticides, fungicides, or other agents?

- Yes
- No
- Don't know
- Refused
-

A22. Have any of the following chemicals been used on the field? (check all that apply) and how often?

Chemical	Times	per
<input type="checkbox"/> Algae Died B	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Qualgex	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Steri-maX	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Other (specify)	<input type="text"/>	Day/week/month/year

Unknown Biocide Daily/weekly/
monthly/annually

Indoor Fields Only

A23. Are there indoor fields at this facility?

A24. When was each indoor synthetic field installed at this facility?

Field	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

A25. Which company or companies installed these fields?

A26. Do you ever replace all of the tire crumb infill on the indoor synthetic turf field(s) at your facility?

- Yes
- No
- Don't Know
- Refused

If yes, how often do you replace all of the tire crumb infill on the synthetic turf fields?

- Rarely/Never
- Every 6 months
- Yearly
- Every 2-3 years
- Every 3-5 years
- Every 5-7 years
- More than 7 years
- Don't Know
- Refused

A27. Do you ever refresh or add tire crumb infill to your indoor synthetic turf field(s) at your facility?

- Yes
- No
- Don't Know
- Refused

If yes, how often do you refresh or add tire crumb infill to your synthetic turf fields?

- Rarely/Never
- Every 6 months
- Yearly
- Every 2-3 years
- Every 3-5 years
- Every 5-7 years
- More than 7 years
- Don't Know
- Refused

A28. What was the date of the most recent replacement/refreshment?

A29. What company or companies provides crumb rubber infill material for replacement/refreshment?

A30. Are the following routine field maintenance activities performed on the indoor synthetic field(s) at this facility?

Activity	Times	per
<input type="checkbox"/> Sweeping	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Brushing	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Redistribution/leveling	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Aerating	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Magnet sweep	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Rejuvenation	<input type="text"/>	Day/week/month/year
<input type="checkbox"/> Deep Cleaning	<input type="text"/>	Day/week/month/year

A31. Has the outdoor synthetic field(s) ever been treated with biocides, herbicides, insecticides, fungicides, or other agents?

- Yes
- No
- Don't Know
- Refused

A32. Have any of the following chemicals been used on the field? (check all that apply) and how often?

Algae Died B Daily/weekly/ monthly/annually

- Qualgex Daily/weekly/ monthly/annually
- Steri-maX Daily/weekly/ monthly/annually
- Other (specify) Daily/weekly/ monthly/annually

- Unknown Biocide Daily/weekly/ monthly/annually

A33. Do you know the outdoor air fraction ventilation rates for this facility during each season?

If yes (please specify):

Spring		(cfm)
Summer		(cfm)
Fall		(cfm)
Winter		(cfm)

If you do not know, can you identify a person, including their phone number, who can provide us with your facility ventilation rates?

(full name) (phone number)

Thank you so much for your time. I know that your time is valuable. If you have any questions or concerns, please, refer to the contact sheet for information on who to contact.