

Form Approved
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ATSDR estimates the average public reporting burden for this collection of information as 7 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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).

ATSDR Site Impact Assessment Form

Each year, ATSDR reports information on the impact of our program to Congress. This information is also useful for describing the work of our program to other stakeholders and partners.

For HQ sites, each site team (health assessor, health educator, regional office, team lead) will fill out a questionnaire for each document released in FY 2014 and later. For state documents, the TPO will work with the state coop staff to fill out the questionnaire. The reviewer selected in the last field will receive a copy of this form to review and approve. Please Contact Matt Sones with any questions.

Site Background Information

Site Name (Use official name of site):	<input type="text"/>
Certified or Non-certified Document:	<input type="text"/> 
Type of Document (Choose one):	<input type="text"/> 
Cooperative Agreement partner: (Check box if document was written by a cooperative agreement partner)	<input type="checkbox"/>
Choose Safe Places for Early Childcare and Education (CSPECE): (Check box if document is related to CSPECE program)	<input type="checkbox"/>
Document Title:	<input type="text"/>
Street Address (if there is no specific address, type in "none"):	<input type="text"/>
City where site is located:	<input type="text"/>
State where site is located:	<input type="text"/> 
Zip Code:	<input type="text"/>
EPA Facility ID: (if known)	<input type="text"/>
Cost Recovery #: (enter generic code if no site-specific code is available)	<input type="text"/>
Document Release Date:	<input type="text"/> 
Lead Health Assessor:	<input type="text"/>  
Lead Health Educator: (if applicable)	<input type="text"/>  

Agency Activities and Document Conclusions

Other information about the site (check all that apply):

Who we worked with at this site (check all that apply):

Number of people assessed:	<input style="width: 90%;" type="text"/>
Number of people with exposures that may increase the potential for health effects:	<input style="width: 90%;" type="text"/>
Number of people with potential exposures that could increase the potential for health effects:	<input style="width: 90%;" type="text"/>
Primary contaminant assessed at the site: (Choose only one from the list of 10. If your primary contaminant is not one of these 10, choose "other".)	<input style="width: 90%;" type="text"/> ▼

	Number of people assessed by pathway:	Number of people with exposures that may increase the potential for health effects by pathway:	Number of people with potential exposures that could increase the potential for health effects by pathway:	Hazard Category by pathway (choose one - required!):
Water Pathway	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> ▼
Air Pathway	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> ▼
Soil Pathway	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> ▼
Biota Pathway	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> ▼
Physical Hazards	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> ▼

(enter numbers of people for each box, if applicable)

Number of People Protected by ATSDR and Partner Actions
 Insert documented or estimated numbers for all fields that apply.

Total number of people protected:	<input style="width: 90%;" type="text"/>
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WATER PATHWAY

Number of people protected by new water treatment systems :	<input style="width: 90%;" type="text"/>
<i>Number of water treatment systems installed:</i>	<input style="width: 90%;" type="text"/>
Number of people receiving alternate drinking water :	<input style="width: 90%;" type="text"/>
Number of people protected by surface water access restrictions or remediation :	<input style="width: 90%;" type="text"/>
Number of people protected by groundwater remediation :	<input style="width: 90%;" type="text"/>
Number of people impacted by reductions in water contaminant emissions from an active facility:	<input style="width: 90%;" type="text"/>
<i>Number of enforcement actions supported:</i>	<input style="width: 90%;" type="text"/>
Number of people with reduced or stopped exposures to water contaminants due to health education activities :	<input style="width: 90%;" type="text"/>
Number of people protected by other actions to reduce exposures to contaminated water :	<input style="width: 90%;" type="text"/>
<i>If other actions, then please specify what these actions were:</i>	<input style="width: 90%;" type="text"/>
Total number of people protected in the water pathway:	<input style="width: 90%;" type="text"/>

AIR PATHWAY

Number of people served by vapor mitigation systems :	<input style="width: 90%;" type="text"/>
<i>Number of vapor mitigations systems installed:</i>	<input style="width: 90%;" type="text"/>
Number of people impacted by reductions in air contaminant emissions from an active facility:	<input style="width: 90%;" type="text"/>

Number of air enforcement actions supported:	<input type="text"/>
Number of people protected from air exposures by access restrictions :	<input type="text"/>
Number of people with reduced or stopped exposures to air contaminants due to health education activities :	<input type="text"/>
Number of people protected by other actions to reduce exposures to contaminants in air :	<input type="text"/>
<i>If other actions, then please specify what these actions were:</i>	<input type="text"/>
Total number of people protected in the air pathway:	<input type="text"/>
<u>SOIL PATHWAY</u>	
Number of people protected by soil replacement :	<input type="text"/>
<i>Number of yards with soil replacement:</i>	<input type="text"/>
<i>Number of recreational areas with soil replacement:</i>	<input type="text"/>
Number of people protected by access restrictions :	<input type="text"/>
Number of people with reduced or stopped exposures to soil contaminants due to health education activities :	<input type="text"/>
Number of people protected by capping or other action :	<input type="text"/>
<i>If other actions, then please specify what these actions were:</i>	<input type="text"/>
Total number of people protected in the soil pathway:	<input type="text"/>
<u>BIOTA PATHWAY</u>	
Number of people protected by fish (or other biota) advisories:	<input type="text"/>
Number of people educated on safe ways to raise and consume biota :	<input type="text"/>
Total number of people protected in the biota pathway:	<input type="text"/>
<u>PHYSICAL HAZARDS</u>	
Number of people protected from physical hazard removal :	<input type="text"/>
Number of people protected by access restrictions :	<input type="text"/>
Number of people protected from physical hazards due to health education activities :	<input type="text"/>
Total number of people protected from physical hazards:	<input type="text"/>
<u>NO HAZARD</u>	
Number of people reassured that their air, water, soil, or biota are not causing harmful exposures:	<input type="text"/>
<u>Follow-up Information</u>	
Have all needed steps been taken to eliminate health risks (or reduce as much as possible)?	<input type="text" value=""/>
If 'No' please describe any outstanding actions or recommendations:	<input type="text"/>
If 'Yes', please check the measures that you used to determine that health risks have been reduced or eliminated:	<input type="text"/>

Did ATSDR recommend additional sampling or monitoring? If so, has follow-up sampling or monitoring been conducted?	<input type="text"/>
Enter additional comments or clarifications here: <input type="text"/> <input type="text"/>	
<p>Choose reviewer for this form (usually branch chief or TPO): <input type="text"/>   </p> <p>*Use the address book browse feature to search for the person's name - search last name only or "last name, first name" format for best results!*</p> <p style="text-align: center;"><input type="button" value="Submit"/></p>	