



Form Approved  
OMB Control Number: 0923-xxxx  
Expiration Date: xx/xx/201x

ATSDR estimates the average public reporting burden for this collection of information as 5 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 Technical Assistance (TA) Activity Form

This form should be used to capture technical assistance activities provided to internal and external stakeholders. TA activities should not have any conclusions on data or make a health call. (conclusions on data should be captured in LHC, HC or PHA products). For more information on what type of activity is appropriate to capture on this TA form, please see "[DCHI Document Definitions](#)".

### Background Information

TA Activity Name:	<input type="text"/>
Non Site-specific? (Check box if the TA is NOT for a site)	<input type="checkbox"/>
Cooperative Agreement Partner? (If yes, check the box)	<input type="checkbox"/>
Is this activity related to the Choose Safe Places for Early Childcare and Education program? (If yes, check the box)	<input type="checkbox"/>
Site Name:	<input type="text"/>
Street Address (if applicable):	<input type="text"/>
City (if applicable):	<input type="text"/>
State:	<input type="text" value="State"/> ▼
Zip Code (if applicable):	<input type="text"/>
EPA Facility ID (if applicable):	<input type="text"/>
Cost Recovery # (if applicable):	<input type="text"/>
Choose name of TA preparer:	<input type="text"/>  


### Request Information

Date TA activity was requested:	<input type="text"/> 
Who requested the assistance?	<input type="text"/> ▼
Please summarize the question or assistance requested:	
<input type="text"/>	
<b><i>*Do not include any confidential information such as private citizen names*</i></b>	
Check all that apply to this request:	


Please specify the "other" that was chosen above:

### Response Information

Date of Response or Activity:



Please summarize the response or assistance that was provided for the request:

 File Attachment

Collaborations (who we supported) (check all that apply):

**Choose Reviewer for this TA - a copy of this TA will be emailed to the reviewer you choose when you click submit below.**

*(State partners should choose TPO, ATSDR staff should choose team lead or branch chief)*

**Submit to Reviewer**

(Note: clicking "save" at the top of this form will just save the form to SharePoint. Clicking "submit to reviewer" will save the form to SharePoint AND send it to the reviewer chosen above.)