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

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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):					
Certified or Non-certified Document:	V				
Type of Document (Choose one):	V				
Cooperative Agreement partner: (Check box if document was written by a cooperative agreement partner)					
Choose Safe Places for Early Childcare and Education (CSPECE): (Check box if document is related to CSPECE program)					
Document Title:					
Street Address (if there is no specific address, type in "none"):					
City where site is located:					
State where site is located:	V				
Zip Code:					
EPA Facility ID: (if known)					
Cost Recovery #: (enter generic code if no site-specific code is available)					
Document Release Date:					
Lead Health Assessor:	(a) (b)				
Lead Health Educator: (if applicable)					
Agency Activities and Document Co	<u>onclusions</u>				
Other information about the site (check all that apply):					
Who we worked with at this site (check all that apply):					

Number of people assessed:					
Number of people with exposures that	may increase the potential	for health effects:			
Number of people with potential expos	sures that could increase the	e potential for health			
effects:					
Primary contaminant assessed at the significant primary contaminant is not one of these		he list of 10. If your			<u> </u>
Number of people assessed by pathwa		Number of people with pexposures that could incr potential for health effer pathway:	ease the	Hazard Category by pathway (choose one - required!):	
Water Pathway				<u> </u>	
Air Pathway				V	
Soil Pathway				<u> </u>	
Biota Pathway Physical Hazards					
(enter numbers of people for each box,	if applicable)			<u> </u>	
	mber of People Prot	ected by ATSDR and	d Partn	er Actions	
		stimated numbers for all fi			
Total number of people protected:					
WATER PATHWAY		'			
Number of people protected by new w	ater treatment systems:				
Number of water treatment systems installed:					
Number of people receiving alternate drinking water:					
Number of people protected by surface water access restrictions or remediation:					
Number of people protected by ground	Number of people protected by groundwater remediation :				
Number of people impacted by reductions in water contaminant emissions from an active facility:					
Number of enforcement actions supported:					
Number of people with reduced or stop education activities:	pped exposures to water cor	ntaminants due to health			
Number of people protected by other a	actions to reduce exposures	to contaminated water:			
If other actions, then please specify v	If other actions, then please specify what these actions were:				
Total number of people protected in th	Total number of people protected in the water pathway:				
AIR PATHWAY					
Number of people served by vapor mit	igation systems:				
Number of vapor mitigations system	ns installed:				
Number of people impacted by reducti on	ons in air contaminant emis	ssions from an active			

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

Did ATSDR recommend additional sampling or monitoring? If so, has follow-up sampling or monitoring been conducted?	V			
Enter additional comments or clarifications here:				
Choose reviewer for this form (usually branch chief or TPO):				
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!				
Submit				