

Attachment 5c. Adult Blood Lead Epidemiology and Surveillance (ABLES) Case Records Form and Brief Narrative Report

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/201x

StateRep	StateRes	CountyRes	StateExp	CountyExp	ID	Status	BLL Date	Date Type	BLL	BLL2	DOB	Age	Sex	Ethnicity	Race	WorkRel	NAICS Year	NAICS	COC Year	COC	Process
XX	99	999	99	999	1	4	1/24/2017	1	15		1/20/2016	1	1	9	9	9	2012	212222	2000	990	1;Target shooter
XX	99	999	99	999	2	4	1/24/2017	1	15		1/21/2015	2	1	9	9	9	2012	212222	2000	990	1;Target shooter

*fictional numbers where State XX submits individual level data

CDC estimates the average public reporting burden for this collection of information as 8 hours 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 (0920-xxxx).