

Form Approved  
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## ATSDR SoilSHOP Form

**Directions: Complete form within two weeks of SoilSHOP event. Submit via email to Elisha Hall, [nyu2@cdc.gov](mailto:nyu2@cdc.gov)**

### Basics:

Date of Event:	Click or tap here to enter text.	Venue:	Click or tap here to enter text.
City:	Click or tap here to enter text.	State:	Click or tap here to enter text.
Was APPLETREE involved?	<input type="radio"/> Yes <input type="radio"/> No	Was ATSDR involved?	<input type="radio"/> Yes <input type="radio"/> No
POC(s)	Click or tap here to enter text.	Flyer/website link	Click or tap here to enter text.

**What partners were involved (list organization/agency names, no individual names, no acronyms)?**

Click or tap here to enter text.

**What resources were used from partners (select **all** that apply)?**

- XRF
- Office supplies
- Tables/chairs/tents
- Venue/booth space
- Signage/printed materials
- Other, please specify:

**What activities were delivered at the event (select **all** that apply)?**

- Soil lead screening
  - Blood lead screening
  - One-on-one health education
  - Provision of health education materials (handouts, brochure, etc)
  - Referrals for additional/other related health services
  - Children's activities
  - Other, please specify:
- 

**What outputs were produced? *Outputs are the direct results of activities.***

# of estimated attendees (including passersby)	# individuals receiving health education consultations	# of individuals who received soil screening	# of total samples screened	# of samples with results >100 mg/kg	# samples with results >400 mg/kg	# referrals provided
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**If there were high soil screenings, how were they addressed? (If n/a, skip question)**

Click or tap here to enter text.

**Discuss key achievements/highlights of this event (e.g. new partner interest, high participation rate)?**

Click or tap here to enter text.

**Optional Information:**

**What worked well during this event (e.g. planning process, partnership, etc. ....)?**

Click or tap here to enter text.

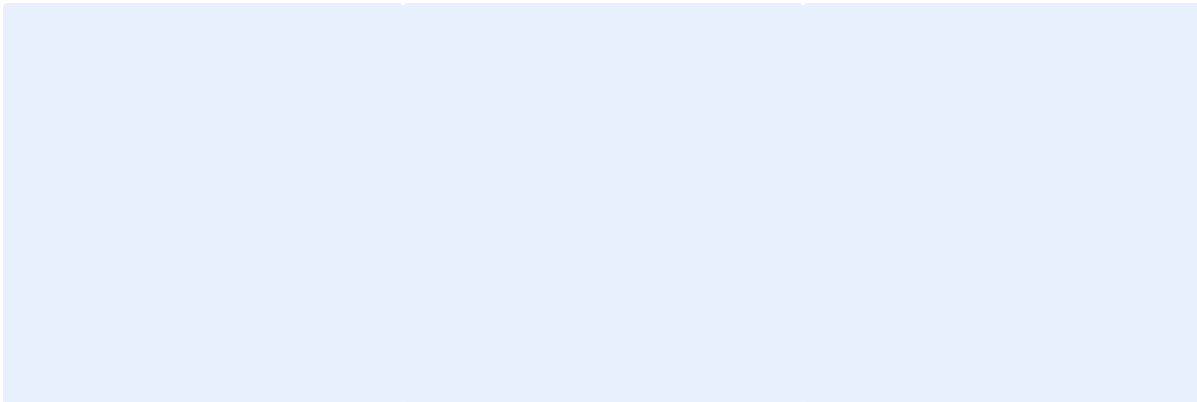
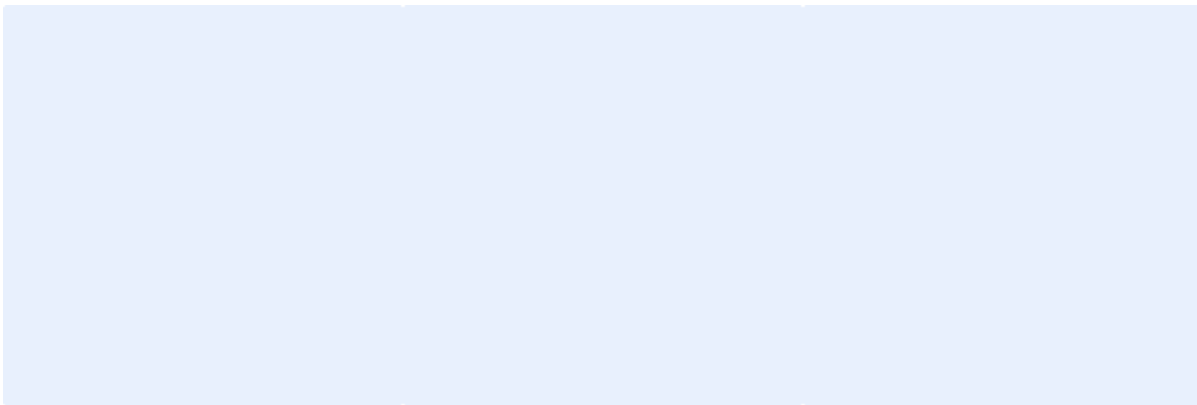
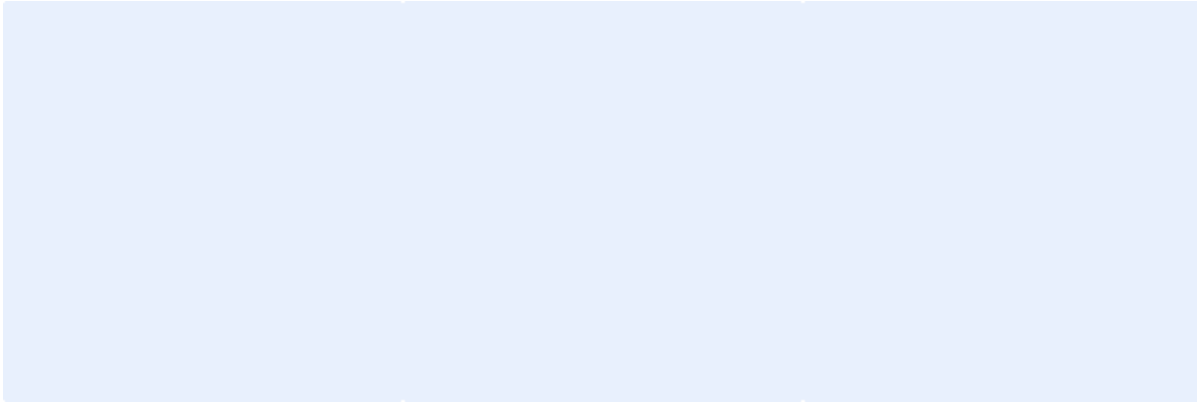
**What didn't work well during this event?**

Click or tap here to enter text.

**What marketing tools were used for this event? Were they effective?**

Click or tap here to enter text.

**Event Images (*if available*):**



Attachment 4h. ATSDR SoilSHOP Form

