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 H21-8, Atlanta, Georgia 30333; ATTN: PRA (0923-0057).

Form Approved

OMB No. 0923-0057

Exp. Date 09/30/2023

# **ATSDR soilSHOP Form**

Directions: Complete form within **three weeks** of soilSHOP event. Please type over the example language and checkboxes.

Submit via email to Laurel Berman, fjq0@cdc.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |
| **How was APPLETREE involved? (Select all that apply)** | **How was ATSDR involved? (Select all that apply)** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Event POC(s) Name:****& Email:** | Click or tap here to enter text. | **Reporting POC(s) Name & Email:** | 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 acronyms. Do NOT include individual names.**

Click or tap here to enter text.

## **What resources were used from partners? Select all that apply.**













\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **What activities were delivered at the event? Select all that apply.**













\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **What were the direct results of the event?**

Complete as many fields below as possible. If you did not collect data, please indicate “did not collect data” in response field so it is clear that the data is missing rather than zero.

|  |  |
| --- | --- |
| # of estimated attendees (including passersby) | Click or tap here to enter text. |
| # health education materials distributed at event | Click or tap here to enter text. |
| # of individuals receiving **one-on-one** health education consultations | Click or tap here to enter text. |
| # of individuals who received soil screening | Click or tap here to enter text. |
| # of total soil samples screened for lead | Click or tap here to enter text. |
| # of soil samples with lead results >100 mg/kg | Click or tap here to enter text. |
| # soil samples with lead results >400 mg/kg | Click or tap here to enter text. |
| # referrals provided | Click or tap here to enter text. |

## **If there were soil screenings with high lead levels, how were they addressed? If n/a, skip.**

Click or tap here to enter text.

## **Describe any key achievements/highlights/successes of this event. If possible, include 1-2 quotes from participants or staff that show the event’s importance or highlight the success.**

Click or tap here to enter text.

## **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?**

## **Event Images (*if available*). Please submit photo waivers and add citations, e.g., “Image taken by ATSDR, 202x” or “Image taken by An Doe, 202x, who provided an emailed/written permission to use the image.” Please paste over the example images below and add citations:**



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