

Attachment 4i. ATSDR Recommendation Follow-up Form

ATSDR Recommendation Follow-Up Form

Form Approved
OMB No. 0923-0057
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ATSDR estimates the average public reporting burden for this collection of information as 10 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).

Basic site information

Site name: _____

Zip code: _____

Were recommendations provided for this site?
(If yes, complete entire form. If no, end here.)

Recommendation #1

Description of recommendation (1-2 sentence max): _____

Select the recommendation category: _____

Potential health concern address (1 sentence max): _____

Recommendation status: _____

Impact on exposure: _____

Date recommendation was adopted, if applicable: _____

Status update on recommendation if not yet implemented: _____

Type(s) of stakeholder(s) involved in recommendation acceptance process:
(Select all applicable)

Type(s) of stakeholder(s) responsible for implementing recommendation:
(Select all applicable)

Description of actions taken to follow-up on recommendations: _____

Recommendation #2

Description of recommendation (1-2 sentence max): _____

Select the recommendation category: _____

Potential health concern address (1 sentence max): _____

Recommendation status: _____

Impact on exposure: _____

Date recommendation was adopted, if applicable: _____

Status update on recommendation if not yet implemented: _____

Type(s) of stakeholder(s) involved in recommendation acceptance process:
(Select all applicable)

Type(s) of stakeholder(s) responsible for implementing recommendation:
(Select all applicable)

Description of actions taken to follow-up on recommendations: _____

Recommendation #3

Description of recommendation (1-2 sentence max): _____

Select the recommendation category: _____

Potential health concern address (1 sentence max): _____

Recommendation status: _____

Impact on exposure: _____

Date recommendation was adopted, if applicable: _____

Status update on recommendation if not yet implemented: _____

Type(s) of stakeholder(s) involved in recommendation acceptance process:
(Select all applicable)

Type(s) of stakeholder(s) responsible for implementing recommendation:
(Select all applicable)

Description of actions taken to follow-up on recommendations: _____

Recommendation #4

Description of recommendation (1-2 sentence max): _____

Select the recommendation category: _____

Potential health concern address (1 sentence max): _____

Recommendation status: _____

Impact on exposure: _____

Date recommendation was adopted, if applicable: _____

Status update on recommendation if not yet implemented: _____

Type(s) of stakeholder(s) involved in recommendation acceptance process:
(Select all applicable)

Type(s) of stakeholder(s) responsible for implementing recommendation:
(Select all applicable)

Description of actions taken to follow-up on recommendations: _____

If more than four recommendations were provided for this document, copy lines 23-27 and columns A-B and paste below as needed.

These are the display options for the drop-downs in the form. It will be hidden tab when

Yes
No

- Impose institutional or regulatory controls to eliminate/reduce/limit
- Evacuate/relocate exposed population
- Conduct exposure Investigation
- Conduct ATSDR health study
- State-funded health study
- Conduct/continue monitoring
- Other site source/media/contamination characterization
- ATSDR health education activity
- State-led health education activity
- Remediation (e.g. site clean up) to eliminate/reduce hazards
- Restrict use of source of hazards

- Community leader
- Community advocacy group
- Federal regulatory agency
- State regulatory agency
- Local regulatory agency
- Other regulatory agency
- Industry/Business

the form is used.

exposure

Non-verifiable
Pending acceptance
Accepted
Implemented
Rejected
Eliminated
For the purposes of recommenda decision-maker, etc.

Reduction
Total Elimination
Unknown

Describes a recommendation to an individual community member that cannot be verified and is therefore acceptably deemed

Describes a recommendation that has been provided to a stakeholder, but has not yet been accepted by that stakeholder. Acceptable to implement the recommendation in the future, but not yet having implemented the recommendation.

Describes a recommendation that has been provided to a stakeholder, and that stakeholder accepts the recommendation and

Describes a recommendation that has been fully implemented to reduce or remove the hazardous environmental exposure to

Describes a recommendation that was rejected and not accepted or implemented by the stakeholder

Describes a recommendation that was eliminated by the health assessment due to lack of application at a follow-up date.

tions, a stakeholder will be described as any entity for which a recommendation can reasonably be tracked and would impact
