Attachment 4i. ATSDR Recommendation Follow-up Form

ATSDR Recommendation Follow-Up Form

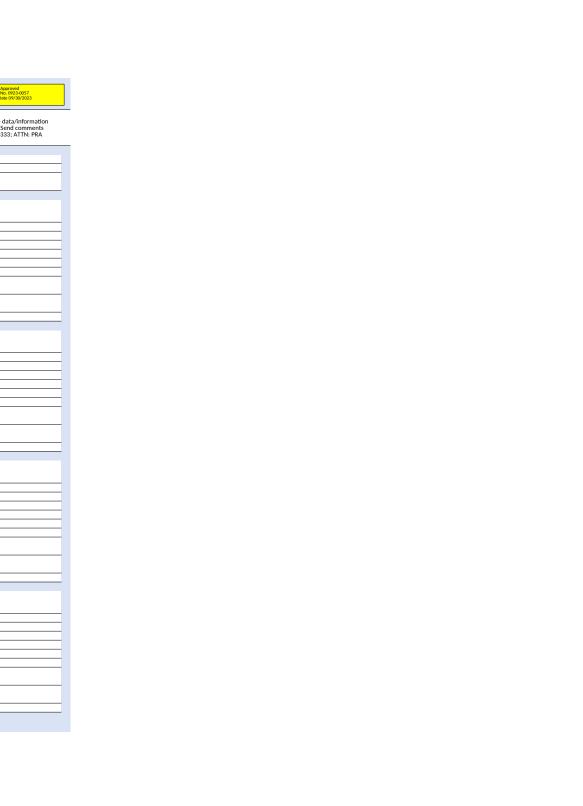


ATSDR estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection 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 (1923-0057).

Basic site information

923-0057).	
	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 Impose institutional or regulatory controls to eliminte/reduce/limit No 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.

expc	วรน	re

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 acceptabley deeme

Describes a recommendation that has been provided to a stakeholder, but has not yet been accepted by that stakeholder. Accomplement 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