

## Attachment 4c. ATSDR Site Impact Assessment (SIA) Form (ARMS Screenshots)

ATSDR Request Management System

localhost:4200/RequestManagementSystem/publichealthassessment/318b3ca5-ce9a-4130-b4cb-4c1d79f9c032

ATSDR Request Management System

Home Requests Activities Sites Help

Fair, Bryan (bair@hhs.gov)  
Chlor

### Edit Public Health Assessment

Final Pre-Clearance

Final e-Clearance

SIA

Cleared for Posting

Posted to ATSDR website

Completed

Reset

Save

Form Approved  
OMB No. 0923-0057  
Exp. Date 09/30/2023

ATSDR estimates the average public reporting burden for this collection of information as 7 minutes 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 current 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).

#### ATSDR Site Impact Assessment Form

Each year, ATSDR reports information on the impact of our program to Congress. This information is also useful for describing the work of our program to other stakeholders and partners. For HQ sites, each site team (health assessor, health educator, regional office, team lead) will fill out a questionnaire for each document released in FY 2014 and later. For state documents, the TPO will work with the state coop staff to fill out the questionnaire. The reviewer selected in the last field will receive a copy of this form to review and approve. Please Contact Matt Sones with any questions.

##### Site Impact Information

|                      |                                     |
|----------------------|-------------------------------------|
| Type of Document     | Certified or Non-Certified Document |
| Document Title       | Document Release Date               |
| Lead Health Assessor | Lead Health Educator                |

##### Agency Activities and Document Conclusions

**Other information about this Site**

☐ Conducted exposure investigation/collected data  
☐ Provided on-the-ground support during and emergency response  
☐ Provided virtual support during an emergency response or acute event  
☐ Site is a brownfields property  
☐ Site involves a tribal nation  
☐ N/A

**Who We Worked With at this Site**

☐ Local Health Department  
☐ State Health Department  
☐ State Environmental Agency  
☐ EPA  
☐ CDC  
☐ Community members and organizations  
☐ N/A  
☐ Other

**Number of People Assessed**

*Estimated number of people in eliminated, potential, and completed pathways*

**Number of People Potentially Exposed to Contaminants at Levels of Health Concern**

*Estimated number of people in potential pathways*

**Number of People Currently Exposed to Contaminants at Levels of Health Concern**

*Estimated number of people in completed pathways*

**Primary Contaminant Assessed at the Site**

**Other Contaminant(s)**

**What Pathways were Evaluated at this Site?**

☐ Air  
☐ Soil  
☐ Water  
☐ Biota  
☐ Physical

**Was Enough Data Available to Make a Health Call?**

☐ Yes  
☐ No

**For ATSDR Use Only**

**QC Complete?**

☐ Yes  
☐ No

**Choose Reviewer for this Form**

Usually branch chief or TPO