

APPENDIX G

COVER LETTER AND ELIGIBILITY SCREENING QUESTIONNAIRE FOR THE
NEW YORK STATE DEPARTMENT OF HEALTH
VOLATILE ORGANIC COMPOUNDS (VOC) EXPOSURE REGISTRY

January 30, 2003

Dear Resident:

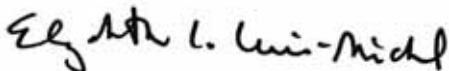
The New York State Department of Health is inviting Village of Holley residents who may have been exposed to 2-chloro-6-fluorophenol (CFP) to participate in the *New York State Volatile Organic Compounds (VOC) Exposure Registry*. On January 5, 2002, the Diaz Chemical Corporation facility in the Village of Holley, Orleans County, New York, accidentally released a mixture consisting primarily of toluene, water (steam), and CFP into outdoor air. New York State Department of Health laboratories at Wadsworth Center developed analytical methods so that air, soil, surface, water, and urine sampling could be undertaken to define the extent of contamination and evaluate people's exposure. Test results confirmed that CFP could be found in samples, particularly if they were taken in the neighborhood immediately to the northeast of the facility along Jackson Avenue. The sampling results showed that the highest levels were in the area with visible contamination and that either no or very little CFP could be found in samples collected from other areas in the Village.

If you or any of your household members were residents of the Village of Holley at any time between January 5, 2002 and the December 31, 2002, please consider enrolling in the *VOC Exposure Registry*. If you were not a Village of Holley resident during this time period or if you do not wish to participate, please return the enclosed form so that we can remove you from our mailing list.

The *VOC Exposure Registry* is a source for research on VOC exposures and health. Through a registry like this we are able to track the health status of people over time and identify any changes that may be related to potential VOC exposure. Although the information you provide may not help you directly, it may be beneficial to others in the future. If we find that the potential CFP exposures you may have had are related to health effects, we will notify you and, if you wish, your physician. To enroll, you will need to fill out the enclosed Eligibility Screening Questionnaire. After we receive it, if you are eligible and wish to participate, we will send you a survey including questions about residential history and health problems of each household member. Approximately every two years, we will contact you to inquire about changes in health status. All information you provide will be kept strictly confidential as required by New York State Public Health Law and will be used for research purposes only. No personal identifying information will be used in any reports, and your participation is completely voluntary.

The VOC Exposure Registry Eligibility Screening Questionnaire is enclosed. If you have any questions concerning your eligibility or participation, please feel free to call Ms. Megan Meldrum at 1-800-458-1158, ext. 27950. Thank you in advance for your assistance in this effort.

Sincerely,



Elizabeth L. Lewis-Michl, Ph.D., Chief
Community Exposure Research Section
Bureau of Environmental and Occupational Epidemiology



NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Environmental and Occupational Epidemiology
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VOLATILE ORGANIC COMPOUNDS (VOC) EXPOSURE REGISTRY
ELIGIBILITY SCREENING QUESTIONNAIRE

Residents of the Village of Holley, Orleans County
January 5, 2002 – December 31, 2002
Potential exposure to 2-chloro-6-fluorophenol (CFP)

Was any member of your household a resident of the Village of Holley at any time between January 5, 2002 and December 31, 2002? (Check YES or NO.)

YES →

How many household members resided in the Village of Holley during this time period?
(Write the number in the box to the right.)

NO →

You do not qualify for inclusion in the VOC registry*.
(Please complete the name and address information *only*, so we will not send you repeat mailings.)

Please provide the information below so that we can update our records:

Name: _____ Telephone: (_____) _____
 First Middle Initial Last

Street Address: _____
 Number Street City State
Zip

Mailing Address: _____
(if different) Number Street (Rural Route or PO Box) City State
Zip

Do you wish to participate in the VOC Exposure Registry? (Check one box below.)

Yes, please send me the consent form and surveys through the mail with a postage-paid, addressed envelope provided so I can fill out the forms and return them to you at my convenience.

No, I do not wish to participate.

Thank you. Please return the completed form in the postage-paid, addressed envelope provided.
If you have further questions, please contact Megan Meldrum at 1-800-458-1158, ext. 27950.

* If you believe you have had a CFP exposure and would like to participate even though you did not live in Holley during this time period, please contact us so we can evaluate your situation on a case-by-case basis.