

Strike Team Request Form

Section 1

Preparer's Name:			Date:	
Preparer's Affiliation:	<input type="checkbox"/> ATSDR <input type="checkbox"/> Community Member/Group <input type="checkbox"/> Elected Official <input type="checkbox"/> Media <input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> EPA <input type="checkbox"/> Other Federal Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Tribal Agency <input type="checkbox"/> Other (specify below) _____	Requestor's Affiliation (if different than Preparer):	<input type="checkbox"/> ATSDR <input type="checkbox"/> Community Member/Group <input type="checkbox"/> Elected Official <input type="checkbox"/> Media <input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> EPA <input type="checkbox"/> Other Federal Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Tribal Agency <input type="checkbox"/> Other (specify below) _____	
Contact Person:			Phone:	
			Email:	

Section 2

Is this a site-specific request?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Section 3)	Cost Recovery Number:	# _____ <input type="checkbox"/> Not assigned yet
Site Name:		EPA Facility ID:	# _____ <input type="checkbox"/> Not applicable
Prior ATSDR Involvement? When?		Coop State and TPO contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Section 3

Region:		State:		County:		City:	
Question or Request:							
Issues (select all that apply):	<input type="checkbox"/> Chemical-specific <input type="checkbox"/> Health (pathway) <input type="checkbox"/> Health (disease) <input type="checkbox"/> Health (general) <input type="checkbox"/> Remedial Decision <input type="checkbox"/> Emergency Response <input type="checkbox"/> Radiation <input type="checkbox"/> NPL <input type="checkbox"/> Brownfields Site <input type="checkbox"/> Petition Site	Media (select all that apply):	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Ambient Air <input type="checkbox"/> Tap Water <input type="checkbox"/> Sediment <input type="checkbox"/> Surface Water <input type="checkbox"/> Food (processed) <input type="checkbox"/> Undefined Media <input type="checkbox"/> Other (specify below) _____	<input type="checkbox"/> Dust <input type="checkbox"/> Biota <input type="checkbox"/> Indoor Air			

Section 4

Document type requested:	<input type="checkbox"/> Health Consultation <input type="checkbox"/> Technical Assistance Report <input type="checkbox"/> Other (specify below) _____	Date needed by:		Electronic Data Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of time-critical need:					
Description of available data:					
Additional Comments:					

Email this form to the ATSDR Strike Team: strike@cdc.gov

Or fax it to “ATT: Danielle Langmann” at (770) 488-1542.