

Form Approved
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**HAZARDOUS SUBSTANCES EMERGENCY EVENTS SURVEILLANCE
DATA COLLECTION FORM**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0923-0008).

Hazardous Substances Emergency Events Surveillance (HSEES)

DATA COLLECTION FORM

NOTE: The response choice of unknown/-9 has been deleted from the form because of CDC/ATSDR standards.

EVENT IDENTIFICATION AND NOTIFICATION

1. Event Identifier _____
Enter the ten character identification code of the event. *(The code will be generated by the computer once the necessary information is entered into the system.)*
2. Date that this event was entered into the HSEES system. ____ - ____ - ____
(This will be generated by the computer.)

3. Based on the HSEES protocol, is this event eligible to be entered into the surveillance system?

An event is a release of any hazardous substance except petroleum in an amount that needs to be removed, cleaned up, or neutralized according to federal, state, or local law. Threatened releases of such substances are also included if this threat led to an action (e.g., evacuation) to protect public health.

1 = Yes
2 = No

If "No" was selected, please choose one of the following reasons why:

- [1] Hoax
- [2] Petroleum
- [3] Small quantity
- [4] Chronic
- [5] Insufficient information
- [6] Not a hazardous substance
- [7] Controlled/legal/permitted release
- [8] Duplicate
- [A] No release, no public health action
- [B] Suspicious activity (potentially terrorism)
- [C] Not a potential HSEES event *(HSEES just being used to capture data)*

4. Were the substances associated with this event *(This will be generated by the computer after Q30 has been answered for all chemicals released in the event)*
1= All actually released into environment.
2 = All threatened to be released into environment.
3 = Some actually and some threatened to be released.

5. Date that the state HSEES staff was notified of the event. ____ - ____ - ____

6. Notification Contact (*Who first notified the state health department?*)

[0] Media

[1] On scene commander/incident commander or staff (*e.g., fire, police, EPA*)

[2] Health agency other than the state health dept

[3] Medical facility (or poison control center)

[4] Environmental department or division

[5] Emergency government/emergency services

[6] Citizen or citizen's group

[7] Owner/operator of facility, vehicle, or vessel

[8] Other _____(15)

[9] Unknown

[A] DOT/HMIS and ERNS

[B] Other government agency

[C] Other program within state health department

7. Contact information (OPTIONAL for data entry. *This information is encrypted.*)

DESCRIPTION OF EVENT

8. What was the date of this event? (MM/DD/YYYY) ____ - ____ - ____

(*This will be generated by*)

drop box to select year [year] and then select month [month] which produces a monthly calendar to select the day.

9. On what day of the week did this event occur? (*This will be generated by the computer.*)

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

10. What time did the event start? ____ : ____

(*Not when you were notified. Use 24-hour time format (e.g., 15:59). If unknown, leave blank and select a time category. If time category unknown, leave blank. If exact time is entered, the computer will automatically fill in the time category.*)

1 = 00:00 am - 05:59 am

2 = 06:00 am - 11:59 am

3 = 12:00 pm - 05:59 pm/12:00-17:59

4 = 06:00 pm - 11:59 pm/18:00-23:59

16. Were any of the following within a 1/4 mile of the event? (*Select all that apply.*)
- | | | |
|----------------------------|-----|----|
| Residence | Yes | No |
| School | Yes | No |
| Hospital | Yes | No |
| Nursing home | Yes | No |
| Licensed daycare | Yes | No |
| Industry or other business | Yes | No |
| Recreational area | Yes | No |
17. What is the general land use in the surrounding area? (*May have ONE or TWO entries.*)
- [0] Undeveloped area
 - [1] Industrial area
 - [2] Commercial area
 - [3] Residential area
 - [4] Agricultural area
 - [A] Military facility/DOE/DOD
 - [C] Recreational area
18. What were the general weather conditions at the time of the event? (*May have ONE or TWO entries.*)
- [1] Clear skies (no extreme weather conditions)
 - [2] Rain
 - [3] Snow, ice, sleet, hail
 - [4] Fog or mist
 - [7] High winds
 - [8] Other _____ (15)
 - [A] Weather disasters (hurricane, tornado, flood)
 - [B] Extreme heat
 - [C] Extreme cold
 - [D] Lightning
19. What type of event was this?
- [1] Transportation
 - [2] Fixed facility (*Go to #22*)
20. What mode of transportation was involved? (*May have ONE or TWO entries.*)
- [2] Ground (*drop box to choose tanker truck, non-tanker truck, van, automobile, bus, other*)
 - [3] Rail (*drop box to choose container on flat car, tank car, box car, other*)
 - [4] Water (*drop box to choose container ship with own power, tanker ship with own power, barge towed by other vessel, other*)
 - [5] Air (*drop box to choose crop duster, cargo plane, passenger plane, other*)
 - [6] Pipeline

21. What phase of transportation was involved?
 [1] occurred during unloading of a stationary vehicle or vessel (*Go to # 25*)
 [2] from a moving vehicle or vessel (*Go to #25*)
 [3] en route that was later discovered at a fixed facility (*Go to #25*)
 [4] occurred from a stationary vehicle or vessel (e.g., staged at a transfer station) (*Go to #25*)
 [8] Other _____(15) (*Go to #25*)

22. What area/equipment of the fixed facility was involved in the event? (*May have ONE or TWO entries.*) (*Answer for NAICS categories “21” Mining, “22” Utilities, “23” Manufacturing only*)
 [0] Transportation within fixed facility
 [2] Process vessel
 [3] Piping
 [4] Material handling area (*i.e. loading dock*)
 [5] Storage area above ground (*i.e. warehouse, tank, storage shed*)
 [6] Storage area below ground
 [7] Dump/waste area (*i.e. sewer*)
 [8] Other
 [A] Ancillary process equipment
 [B] Transformer or capacitor
 [C] Incinerator
 [D] Heating/cooling for building
 [J] Laboratory

(After an area/equipment is selected, a drop box text field will be available to further specify the area or equipment. If “other” is chosen, you should enter additional information in the text field.) _____ (15)

23. Number of people working the facility during the event? _ _ _ _ _

24. Number of people visiting the facility during the event? _ _ _ _ _

25. Factors contributing to the release: (*If primary factor is unknown leave blank. If there is no secondary factor, then select choice N*)

Primary:

- [2] Equipment failure
 [3] Human error
 [8] Other _____(15)
 [G] Intentional
 [S] Illegal act
 [H] Bad weather conditions/natural disasters

Secondary:

- [1] Improper mixing
- [2] Equipment failure
- [3] Human error
- [4] Improper filling, loading, or packing
- [8] Other _____(15)
- [A] Performing maintenance
- [B] System/process upset
- [C] System start up and shutdown
- [E] Power failure/electrical problems
- [F] Unauthorized/improper dumping
- [I] Vehicle or vessel collision
- [J] Fire
- [K] Explosion
- [L] Overspray/misapplication
- [N] No secondary factor
- [O] Load shift
- [P] Vehicle or vessel derailment/rollover/capsizing
- [Q] Illicit drug production related
- [R] Forklift puncture

26. Did the release impact:
- 1 = Inside a closed structure only
 - 2 = Outside of a closed structure only
 - 3 = Both inside and outside of a closed structure

DESCRIPTION OF SUBSTANCE(S)

27. What is the total number of chemicals reported for this event? ___ ___ ___
(Questions 28-36 need to be answered for each substance involved in the incident. Use additional pages and record comparable information for each substance.)
28. Chemical number *(Assigned by computer, 1..n)* ___ ___ ___
29. Chemical or trade name of substance _____(37)

Edit *(This enables Questions 29, 31 & 33)*

- Individual
- Mixture
- Reaction

30. Was the substance

- [1] Actually released into the environment.
- [2] Threatened to be released into the environment.

31. Type of substance
- [1] Chemical
 - [2] Radiological
 - [3] Medical
 - [4] Biological

32. Was this substance used as a pesticide (*a substance not classified as a pesticide, but being used in that capacity*)?
- [1] Yes
 - [2] No

33. Provide identification information if the chemical name is not on the pick list.

Chemical Abstract Service (CAS) number _____

Department of Transportation (DOT) United Nations (UN) number _____

Manufacturer/other information _____

Substance Category _____

34. Type of release (*May have ONE or TWO entries.*)
- [1] Spill (*liquid or solid*)
 - [2] Volatilization/aerosolized (*vapor*)
 - [3] Fire
 - [4] Explosion
 - [5] Radiation
 - [7] Not applicable, threatened release

35. Quantity released _____.
- (*Enter a numeric value. If unknown, leave blank and enter the category for the amount released. The category will automatically be filled in by the computer if exact amount is entered. If category is unknown, leave blank*)

A = <1

B = 1- <10

C = 10- < 100

D = 100- < 500

E = 500 - < 1,000

F = 1000 - < 10,000

G = 10,000 +

36. Unit of measure (*to complete question 35*).

- [1] Pounds
- [2] Kilograms
- [3] Gallons
- [4] Liters
- [5] Cubic feet
- [6] Ounces by volume
- [7] Milliliters
- [8] Pico curies
- [A] Tons (metric)
- [B] Ounces by weight
- [C] PPM (parts per million)

MORBIDITY AND MORTALITY

- 37. How many people were transported to a medical facility for a check-up or observation but did not have any symptoms (i.e., do not meet the definition for a victim of the event)? _____
- 38. How many people were injured in this event (number of victims)? _____ (If none enter 0 and skip to Q40 - decon.)
- 39. Complete Table 1 for the victims using the following codes. Complete all items (columns) for each victim.

- Column "A" Category of victim
- [1] Employee
 - [2] Responder (not specified)
 - [3] General public
 - [A] Career firefighter
 - [B] Volunteer firefighter
 - [C] Firefighter (not specified)
 - [D] Police officer
 - [E] EMT personnel
 - [F] Hospital personnel (e.g., doctor, nurse)
 - [G] Employee is member of company response team
 - [H] Student (at school)
 - [I] 3rd Party Clean-up Contractor

- Column "B" (If the victim is a responder) Is the victim a certified HazMat technician?
- [1] Yes
 - [2] No
 - [3] Not a responder

- Column "C" Severity and disposition of victim
- [2] Treated on scene (first aid)

- [3] Treated at hospital (not admitted)
- [4] Treated at hospital (admitted)
- [5] Observation at hospital; no treatment
- [6] Seen by private physician within 24-hours
- [7] Injuries experienced within 24 h of event and reported by official (e.g., fire dep, EMT, police, poison control center)
- [8] Treated by mass casualty mobile unit
- [A] Death on scene/on arrival at hospital
- [B] Death after arrival at hospital

Column "D" Adverse health effects (may be up to seven entries--see training manual for instructions)

- [A] Trauma (*drop box to choose whether trauma is chemical-related, not chemical-related, both or unknown*)
- [B] Respiratory system problems
- [C] Eye irritation
- [D] Gastrointestinal problems
- [E] Heat stress
- [F] Burns (*drop box to choose whether burn is chemical-related, not chemical-related both, or unknown*)
- [H] Other _____(10)
- [I] Skin irritation
- [J] Dizziness or other CNS symptoms
- [L] Headache
- [M] Heart problems
- [N] Shortness of breath (unknown cause)

Column "E" Personal Protective Equipment (PPE) -- What level of PPE was the victim using prior to being harmed or killed? (*Choose the 1 option that best describes*)

- [1] None
- [2] Level "A"
- [3] Level "B"
- [4] Level "C"
- [5] Level "D"
- [6] Fire fighter turn-out gear with respiratory protection
- [A] Fire fighter turn-out gear without respiratory protection
- [B] Other types of protection (*drop down box to select gloves, eye protection, hard hat, steel-toed shoes*)

Column "F" Sex of victim

- [F] Female
- [M] Male

Column "G" Age of victim — — —

(*Enter numeric age to closest year; if unknown, leave blank and select an age category.*)

If an exact age is entered, the computer will fill in the age category. If age category is unknown, leave blank.):

- [A] less than 12 months old
- [B] between 1 and 4 years of age
- [C] between 5 and 14 years of age
- [D] between 15 and 19 years of age
- [E] between 20 and 44 years of age
- [F] between 45 and 64 years of age
- [G] 65 years of age or more

Column "H" Describe the physical location of the victim at the time harmed in relation to the point of release

- [1] Immediate area where release occurred (*e.g., room, railcar, trailer, within 10 feet*)
- [2] Wing/section of building/11 - 50 feet
- [3] Building(s) (*may include internal parking areas and roads*)/51 - 100 feet
- [4] The facility/101 - 200 feet
- [5] Between 201 feet - 1/4 mile of point of release
- [6] Between 1/4 mile - 2 mile of point of release
- [7] Between 2 mile - 1 mile of point of release
- [8] Greater than 1 mile of point of release

Column "I" - Decontamination of injured person

- [1] No
- [2] At the scene
- [3] At a medical facility
- [4] Both

Table I									
Victims									
Victim No.	Category	Haz Mat	Severity	Adverse health effect	PPE	Sex	Age	Distance	Decon
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									

DECONTAMINATION

Record the number of uninjured individuals (by population type) decontaminated at the scene of the event or at a medical facility. *(An individual may be counted in both categories if they were decontaminated at both locations but count them only once in question 40. If no uninjured individuals were decontaminated, enter 0 for Q 40; if it is unknown if any uninjured individuals were decontaminated, leave Q 40 blank.)*

40. Total number of uninjured people decontaminated ___ __ ___
(If zero or unknown, skip to Q49)
41. How many uninjured employees were decontaminated at the scene? ___ __ ___
42. How many uninjured responders were decontaminated at the scene? ___ __ ___
43. How many uninjured members of the general population were decontaminated at the scene? ___ __ ___
44. How many uninjured students (at school) were decontaminated at the scene? ___ __ ___
45. How many uninjured employees were decontaminated at a medical or other facility?
___ __ ___
46. How many uninjured responders were decontaminated at a medical or other facility?
___ __ ___
47. How many uninjured members of the general population were decontaminated at a medical or other facility? ___ __ ___
48. How many uninjured students (at school) were decontaminated at a medical or other facility? ___ __ ___

POTENTIAL COMMUNITY EXPOSURE

This section will describe and distinguish between those individuals at risk of being exposed and those individuals who might actually have been exposed. It will also explore issues related to evacuation versus in-place sheltering. *(If the answer to any question is unknown, leave it blank.)*

49. Approximately how many people live within ¼ mile radius of the event? ___ __ ___ __
50. Approximately how many people live within ½ mile radius of the event? ___ __ ___ __
51. Approximately how many people live within 1 mile radius of the event? ___ __ ___ __
(Q52-54 to be computer generated based on formulas but can be overridden by the data

entry person if event-specific numbers are known)

52. Approximately how many people were at home within ¼ mile radius at the time of the event? — — — —
53. Approximately how many people were at home within ½ mile radius at the time of the event? — — — —
54. Approximately how many people were at home within 1 mile radius at the time of the event? — — — —
55. Define the area impacted by the release: *(Select only one entry.)*
[1] Immediate area where release occurred (*e.g., room, railcar, trailer, within 10 feet*)
[2] Wing/section of building(11 - 50 feet)
[3] Building(s) (*may include internal parking areas and roads*)/51 - 100 feet
[4] The facility(101 - 200 feet)
[5] > 201 feet - 1/4 mile of point of release
[6] > 1/4 mile – 1/2 mile of point of release
[7] > 1/2 mile - 1 mile of point of release
[8] Greater than 1 mile of point of release
56. Was a hospital, ambulance or other patient transport vehicle contaminated as a result of the event?
1 = Yes
2 = No
57. Did the event affect any of the following routes of transportation?: *(Select all that apply)*
[1] Interstate/freeway
[2] Arterial roads
[3] Local roads
[4] Waterway
[5] Railroad/Rail yard
[8] Other _____ (15)
[A] None

EVACUATION AND IN-PLACE SHELTERING

58. How many people self-evacuated as a result of the event? — — — —
(If none, enter 0; if unknown, leave blank).
59. Did an official order an evacuation? *(An official may be the incident commander, a fire marshal, police officer, plant manager, etc., If unknown, go to question 63.)*

1 = Yes
2 = No (*Go to question 63*)

60. What criteria was used to define the evacuation area?
[1] No defined criteria
[2] Circle/radius
[3] Downwind/downstream
[4] The building(s) or the affected part of the building(s)
[5] Circle and downwind/downstream
61. Record the total number of people who were officially evacuated as a result of the event. _____
(If none enter 0. If any person was evacuated more than one time, count them only once. If unknown, leave blank and select a category. If category unknown, leave blank. If exact number is entered, the computer will automatically fill in the category.)
- 1 = less than 5
2 = 5-20
3 = 21-50
4 = 51-100
5=101-500
6=501-1,000
7= greater than 1,000
62. How many hours was the evacuation order in effect. _____ hours
(e.g., if the evacuation lasted two and one-half days, enter 60. If unknown, leave blank.)
63. Did an official order in-place sheltering? (*that is, to stay indoors rather than evacuating*)
1 = Yes
2 = No
64. Was access to the area restricted in any way? (*Select all that apply.*)
[1] No restriction
[2] Room
[3] Wing/section of building
[4] Building
[5] Facility
[6] Parking lot
[7] Access route/road
[8] Other adjacent areas

RESPONSE TO AND TERMINATION OF EVENT

65. Were actions taken, excluding decontamination, to stop or control the exposure from the

release?
1 = Yes
2 = No

66. Activities taken to protect public health as a result of this event? (*May have ONE or TWO entries.*)

- [1] Health advisory issued
- [2] Well survey conducted
- [3] Alternative water provided
- [4] Fishing and/or water recreation ban
- [5] Discourage/prohibit consumption of locally grown produce and livestock
- [6] Health investigation (epidemiological study, medical monitoring over time, exposure assessment)
- [7] Environmental sampling
- [8] Other _____(15)
- [9] Shutdown of water intakes
- [10] None

67. Emergency Action Terminated- Enter the date that the emergency phase of the event ended according to the incident commander. (MM/DD/YYYY)

____ - ____ - _____

68. Enter the time that the emergency phase of the event ended according to the incident commander. ____ : ____
Use 24-hour time format (e.g., 15:59). If unknown, leave blank and select a time category. If time category unknown, leave blank. If exact time is entered, the computer will automatically fill in the time category.)

- 1 = 00:00 am - 05:59 am
- 2 = 06:00 am - 11:59 am
- 3 = 12:00 pm - 05:59 pm/12:00-17:59
- 4 = 06:00 pm - 11:59 pm/18:00-23:59

69. Who responded to this incident? (*Select all that apply.*)

- [1] No response
- [2] Certified HazMat team
- [3] Company=s response team
- [4] Law enforcement agency
- [5] Fire department
- [6] EMS
- [7] Hospital personnel/Poison Control Center
- [8] Other (Specify _____)
- [A] Health department/health agency

- [B] Environmental agency/EPA response team
- [C] 3rd Party Clean-up Contractor
- [D] Specialized multiagency teams
- [E] Department of works/utilities/transportation (includes coast guard)
- [F] State, County or local Emergency managers/coordinators/planning committees

70. Are there any comments on the data collection form?

1 = Yes

2 = No

(If yes, enter the question number and comment in the comments field. For any suggested questions that were not added to the form, the states can put this info in the comment field)

71. Please enter a brief synopsis of the event (200 words or less)