



**Texas Hazardous Substances Emergency Events Surveillance (TxHSEES)
Evaluation Form for Texas HSEES Materials**

Name of item being evaluated: _____

Date _____

(1)	(2)	(3)	(4)	(5)
<u>Low</u>	_____	<u>Medium</u>	_____	<u>High</u>

1. Please rate the quality and content of information in this item. _____

2. Did you find the information relevant to your work? _____

3. I will share this item with a friend or co-worker. Yes _____ No _____

4. Do you plan to use this information in your job?
If so, how? Yes _____ No _____

5. What type of information would you like to receive from TxHSEES in the future?

6. Please suggest other people/groups who might find TxHSEES data useful.

Name: _____

Name: _____

Organization: _____

Organization: _____

Phone: _____

Phone: _____

E-Mail address: _____

E-Mail address: _____

7. Do you have any other comments?

This evaluation submitted by (optional information):

Contact Name & Title: _____

Phone Number: _____

Name of Facility: _____

Address: _____

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