

**Hazardous Substances Emergency Events Surveillance (HSEES)  
Service or Material Request Form**

\* Indicates required information

**Requestor Information:**

\* Date Submitted: \_\_\_/\_\_\_/\_\_\_      \* Date Needed: \_\_\_/\_\_\_/\_\_\_

\* Name: \_\_\_\_\_

Title: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\* E-mail address: \_\_\_\_\_

**Service or Material Requested (check off what is needed)**

\_\_\_ HSEES public use dataset (to do your own data analysis)

   \_\_ Please mail me a CD

   \_\_ I will download from this website

\_\_\_ Custom Data Request (describe exactly what data is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ HSEES brochure (number of copies) \_\_\_\_\_

\_\_\_ HSEES Report Year(s) \_\_\_\_\_ Number of copies \_\_\_\_\_

\_\_\_ HSEES Protocol

\_\_\_ HSEES Data collection Form and Training Manual

\_\_\_ Journal Article: Lead Author \_\_\_\_\_ Year \_\_\_\_\_

Title or Topic \_\_\_\_\_

\_\_\_ Clearance of HSEES-related materials that will be disseminated

\_\_\_ Other (specify) \_\_\_\_\_

**Will this information be disseminated in any way** (i.e. as part of a fact sheet, report, presentation, poster, journal article)

- Yes, redistributed, as is (please complete rest of form)  
 Yes, as part of something new (please complete rest of form)  
 No (Thanks, you are finished)

**PLEASE COMPLETE ALL OF THE INFORMATION SO THAT WE MAY CONTINUE TO JUSTIFY THIS PROGRAM AND PROVIDE THESE SERVICES**

\* **Target Audience type(s)** \_\_\_\_\_  
(i.e., EMTs, Industry Safety Personnel)

\* **Approximate Audience Number** \_\_\_\_\_  
(i.e., copies distributed, attendees at the conference, or hits on website)

**Intended purpose for requested materials (check off all appropriate)**

Internet Site (website address or name) \_\_\_\_\_

Fact Sheet topic \_\_\_\_\_

Report topic \_\_\_\_\_

Journal Article topic \_\_\_\_\_

Submitting to: \_\_\_\_\_

Newsletter topic \_\_\_\_\_

Submitting to: \_\_\_\_\_

Poster or presentation topic \_\_\_\_\_

for a conference, Name of Conference \_\_\_\_\_

meeting, etc. Date \_\_\_/\_\_\_/\_\_\_

General awareness information on the program

Other (specify) \_\_\_\_\_

Is this an HSEES approved prevention outreach activity    yes    no

If not submitting online, submit to Casetta Simmons, ATSDR/DHS/ESB, 1600 Clifton Road, N.E.,  
Mailstop E-31, Atlanta, GA 30333, Fax to 404-498-0077, E-mail CSimmons@cdc.gov

**For Official Use Only** \_\_\_\_\_

**ID #** \_\_\_\_\_ **Date Received** \_\_\_/\_\_\_/\_\_\_ **Date Completed** \_\_\_/\_\_\_/\_\_\_ **Initials** \_\_\_\_\_