The Oak Ridge Reservation Health Effects Subcommittee (ORRHES) provides advice and recommendations to ATSDR and the Centers for Disease Control and Prevention (CDC) regarding off-site public health activities and research at the Department of Energy’s (DOE) Oak Ridge Reservation. This Community Health Concerns sheet enables you to document your concerns regarding health impacts associated with the Oak Ridge Reservation site. The information that you provide will be considered by ATSDR in preparing a public health assessment as required by law for sites listed on the U.S. Environmental Protection Agency’s National Priorities List (NPL). The Oak Ridge Reservation was placed on the NPL in 1989. A public health assessment is being developed by ATSDR to examine the impact of releases from the Oak Ridge Reservation on people living around the site. A Fact Sheet is available that provides more information on the public health activities being conducted by ATSDR and CDC at the Oak Ridge Reservation. Comments received will be considered in developing the public health assessment document and will become part of the public record. Space is provided on the back of this sheet for you to tell us about your health concerns. You may attach additional sheets, if needed.

PLEASE COMPLETE AND RETURN THIS SHEET TO:

Bill Murray
ATSDR Liaison
Oak Ridge Field Office
197 South Tulane Avenue
Oak Ridge, TN 37830
Phone: 865-220-0295
Fax: 865-220-0457
E-mail: wem2@cdc.gov
Mailing Address: P.O. Box 5088
Oak Ridge, TN 37831-5088

La Freta Dalton
Designated Federal Official
ATSDR Oak Ridge Reservation Health Effects Subcommittee
1600 Clifton Road, NE (E-54)
Atlanta, GA 30333
Phone: 404-498-1743 or 1-888-422-8737
Fax: 404-498-1744
E-mail: lj4H@cdc.gov

If you would like information on ATSDR’s future activities regarding the Oak Ridge Reservation site, please complete the section below.

Name __________________________________________

Address _________________________________________

Email address (optional) _______________________________

Phone number (optional) ______________________________

Are you on our mailing list?  □ Yes  □ No
I: CONCERN/ISSUE STATEMENT
Please explain your health concern or situation in detail.

II: SUPPORTING INFORMATION (e.g., Rationale/References)
Please do not send confidential medical information.

III: PREVIOUS ACTION TAKEN (Contact with local, state, or federal agencies)

IV: SUGGESTED ACTION OR SOLUTION