

**New York State Department of Health  
Draft Public Health Assessment - Comment Form  
Newtown Creek Site**

Thank you for reviewing the draft public health assessment. The public comment period gives you a chance to let us know if you have questions or additional information related to the site that should be included in this report. This reply form is broken into three sections - optional information (to update our mailing list), general comments (how helpful is the information to you) and specific comments (specific to the main sections in the report). Please write any questions or comments in the appropriate spaces below.

**Please return your completed form by June 15, 2012.** Additional information and documents about this site can be found at the New York State Department of Health (NYSDOH) website at:  
<http://www.health.ny.gov/environmental/investigations/newtown/>

**Optional Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Contact number (with best time to reach you) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**General Comments**

1. Was the information in this public health assessment clear and understandable? (Rate on a scale of 1 to 5, please circle your choice)

Not clear and understandable ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Very clear and understandable

2. Does the document take into account all relevant site information? (Check one)     Yes     No     Not sure

If no, please tell us what's missing \_\_\_\_\_  
\_\_\_\_\_

3. Does the document identify and respond to community concerns, including your own concerns? (Check one)

Yes     No     Not sure

If no, please tell us what concerns are missing \_\_\_\_\_  
\_\_\_\_\_

4. After reading this document, do you have a better understanding of how the site might affect your or your community's health? (Rate on a scale of 1 to 5, please circle your choice)

Do not have a better understanding ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Have a much better understanding

## Specific Comments

Note: Please refer to page numbers in the report when writing your comments

SUMMARY Section: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

BACKGROUND Section: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

DISCUSSION Section: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

CONCLUSIONS Section: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

RECOMMENDATIONS Section: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PUBLIC HEALTH ACTION PLAN Section: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return your completed comment form to:

New York State Department of Health  
Bureau of Environmental Exposure Investigation  
Flanigan Square, 547 River Street, Room 300  
Troy, NY 12180-2216

Fax#: (518) 402-7859

For questions, please call the NYSDOH at (518) 402-7880 or email [documentcomments@health.state.ny.us](mailto:documentcomments@health.state.ny.us)