TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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JOHN HELLERSTEDT, MD
COMMISSIONER

September 21, 2016

Centers for Disease Control and Prevention
Office of Grants Services
Attn: Sharon Cassell, Grants Management Specialist
OD, Environmental, Occupational Health and Injury Prevention Services Branch
2920 Brandywine Road, MS E01
Atlanta, GA 30341-4146

DSHS Doc.# 1951-01-AP-03

Subject: Award Number: 2 U60 OH 008473-10
FOA: PAR-14-275, State Occupational Safety and Health Surveillance Program
Closeout Documents

Dear Ms. Cassell:

The Texas Department of State Health Services (DSHS) is pleased to submit the required closeout documents for the above listed Award number as instructed in your email dated April 5, 2016.

Please find attached the reports, which cover the project period July 1, 2015 through June 30, 2016.

(1) Final Progress Report
(2) Final Equipment Inventory List Authorization/Purchase Form
(3) Final Tangible Personal Property Report (SF-428 and SF-428B)
(4) Final Invention Statement and Certification Form

The Federal Financial Report (SF425) will be submitted via the eRA Commons portal by the DSHS Funds Reporting Branch no later than September 30, 2016.

Should you have any programmatic questions, please contact me at (512) 533-3113 or via email at Richard.Beauchamp@dshs.state.tx.us. For financial questions or concerns, please contact Ms. Patricia Galvan, Manager, Funds Reporting Branch at (512) 776-3899 or via email at patricia.galvan@dshs.state.tx.us.

Sincerely,

Richard A. Beauchamp, M.D., P.I.
Senior Medical Toxicologist
Environmental and Injury Epidemiology and Toxicology Unit
Texas Department of State Health Services

Attachments

PAR-14-275 State OH Surveillance Cooperative Agreement

Final Progress Report: 2U60OH008473-10 – Beauchamp

Performance Period: July 1, 2015 – June 30, 2016

Richard A. Beauchamp, M.D. – Principal Investigator
Texas Department of State Health Services
Environmental and Injury Epidemiology and Toxicology Unit
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September 23, 2016

Table of Contents

Title: PAR-14-275 State OH Surveillance Cooperative Agreement
Investigator: Richard A. Beauchamp, M.D., Texas Department of State Health Services, Austin, TX 78714-9347 (Richard.Beauchamp@dshs.state.tx.us)
State: TX
Telephone: 512-776-6434
Award Number: 2U60OH008473-10
Start and End Dates: July 1, 2015 – June 30, 2016
Program Area: Occupational Health

Abstract:

Funded by the National Institute of Occupational Safety and Health (NIOSH) from July 2015 through June 2016, the Texas Department of State Health Services (DSHS) Occupational Health and Safety and Pesticide Exposure Surveillance in Texas program worked to bring attention to occupational health issues. The program conducted population-based occupational health and safety surveillance for all occupational health indicators in order to estimate their magnitude and trends in Texas. Additionally, DSHS conducted surveillance for all occupational pesticide, silicosis, and asbestosis exposures. The program extracted information from additional data sources, including hospital discharge, poison control network, vital statistics, EMS & Trauma Registries, and Texas Department of Transportation crash records, to further characterize occupational injuries and illnesses and identify emerging issues. By looking at these data sources, we determined that adolescent occupational toxic exposures may be an unrecognized hazard in the Texas and that there is frequent underreporting or lack of access to medical care among farmworkers. By linking crash and trauma data we were able to assess county-level associations between oil and gas well activity and commercial motor vehicle-associated crash fatalities and show that counties with more active wells have higher rates of commercial motor vehicle-related fatal motor vehicle crashes than counties with few or no active wells. We collaborated with the Texas Department of Agriculture to investigate occupational exposure to pesticides occurring in farmworkers. We conducted outreach and education at over 60 meetings, workshops, and training events attended by hundreds of workers, students, employers, and public health professionals, and gave presentations and/or distributed brochures on various occupational health topics, including adult lead exposure, childhood lead exposure resulting from parental occupational lead exposure, silicosis, asbestosis, work-related pesticide illness and injury, and workplace falls.

SECTION 1

Significant (Key) Findings

These activities were funded by the National Institute of Occupational Safety and Health under the state-based Occupational Health and Safety Surveillance project (U60) from July 2015 through June 2016. Summarized below are some of the significant findings and major accomplishments made by DSHS to reduce occupational injuries and illness in Texas:

- Compiled and reported 2013 occupational health indicator (OHI) data for 21 indicators to CSTE/NIOSH in June 2015. Hospital discharge data and mortality data needed to calculate specific 2013 indicators were successfully obtained to meet our goal.
- Published a report reviewing occupational health indicators from 2003 to 2012. The report describes trends of Texas indicators and can be found at: http://www.dshs.state.tx.us/epitox/reports/Texas-OHIs-2003-2012.pdf.
- Performed some statistical analyses that included data through 2013, and found that the rate of work-related hospitalizations has statistically significantly decreased since 2003, but the rate of fatal work-related injuries has remained the same. Similarly, while the rates of asbestosis and silicosis hospitalizations have varied year-to-year, there appears to be a decreasing trend.
- Participated in pilot testing of OHIs proposed by CSTE/NIOSH sub-state measures workgroup.
- Completed data entry of all 2014 and 2015 occupational pesticide and disinfectant exposure cases into the SPIDER database.
- Conducted follow-up procedures for cases reported in 2016. This included carrying out occupational pesticide and disinfectant exposure follow up, interviews, and medical record reviews on 211 reported cases, resulting in the following classification: Definite 8.06%; Probable 18.48%; Possible 43.13%; Suspicious none; Unlikely 0.95%; Insufficient Information 21.84%; Exposed/Asymptomatic 7.58%; and Unrelated none.
- Identified 63 cases of acute exposure to ozone during 2000-2015 from the Texas Poison Center Network. Of these cases, 19 were occupationally-related.
- DSHS collaborated with the Texas Department of Agriculture to investigate an event where commercial ground pesticide application exposed a group of farmworkers at the time of application. This was the first case of a farmworker reporting an event directly to DSHS.
- Evaluated acute occupational pesticide exposure data from 2010 to 2014, and identified only 32 occupational pesticide poisoning events among farmworkers. This makes up only 3 percent of total reports received, and suggests frequent underreporting or lack of access to medical care among farmworkers.
- Analyzed linked crash and trauma data to assess county-level associations between oil and gas well activity and commercial motor vehicle-associated crash fatalities. Results indicate that counties with more active oil and gas wells have higher rates of commercial motor vehicle-related fatal motor vehicle crashes than counties with few or no active wells. Prevention initiatives such as occupational safety training and infrastructure improvements may be needed to ensure public and occupational safety. Additional research into contributing factors and preventive strategies is warranted. Presented preliminary results at the 2016 Epidemiology Congress of the Americas.
- Analyzed occupational household and industrial cleaner exposures during 2000-2014 from Texas Poison Center Network. The results show that while the majority of patients exposed to household cleaners were female, most of the patients exposed to industrial cleaners were male.

Most household cleaner exposures were managed on site, while the majority of industrial cleaner exposures were managed at a healthcare facility. In either case, none of the exposure cases resulted in serious outcomes.

- Analyzed data reported to Texas Poison Center Network to evaluate differences in adolescent and adult occupational toxic exposures. Of the 38,739 workplace toxic exposures reported over a 15 year period (2000-2015), 2,430 (6.3%) involved adolescents younger than 19 years. The most common agents involved were chemicals (18%), household cleaning substances (18%), hydrocarbons (10%), and fumes/gases/vapors (9%). The injuries were rated as severe in 23% of the exposures. The results suggest adolescent occupational toxic exposures are an unrecognized hazard in the Texas and that poison control center experience can be used to fill a gap in the surveillance of such injuries.

Translation of Findings

- During the grant period, DSHS demonstrated our program's ability to access and complete data from various source in order to generate output for reporting the 23 OHIs to CSTE/NIOSH.
- Our EMS and Trauma Registries system is now requiring reporting of information on work-relatedness, industry and occupation for data submitted on EMS runs and trauma hospitalizations. With these advances in data reporting, we will continue to search the database for additional work-related injuries and illnesses.
- Texas DSHS education and outreach activities reach thousands of Texas workers through presentations, brochures, and hand-outs distributed at meetings and health affairs, and visits to the DSHS website on occupational health issues. Printed materials and web-based materials are available in both English and Spanish to reach the largest Texas audiences.
- When unusual occupational illnesses or exposures are encountered (such as the farmworkers), DSHS staff collaborated with TDA or NIOSH to evaluate the workplace conditions and make recommendations for improvements.

Outcomes/Impact

- Education and outreach activities, including 12 events this year (often with 20 to 100 attendees) have reached many of workers this year, and DSHS occupational health website visits have reached thousands more.
- Texas data, along with data from other states, has been used to develop policies that protect worker health. For instance, the EPA used results from SENSOR-Pesticide studies, including Texas data to support Agricultural Worker Protection Standard (WPS) changes that strengthened occupational protections for workers and pesticide handlers who work at agricultural establishments. Additionally, EPA is currently using SENSOR-Pesticide data to justify strengthening of the "Certification of Pesticide Applicators" rule 40 CFR 171. Through our collaborative-enhancing activities, we will increase our ability to contribute data to support such policy and rule-making activities. Furthermore, by monitoring data for emerging pesticide problems, we will be able to identify potential areas for intervention activities.

SECTION 2

Scientific Report

Background for the Project

Occupational injuries and illnesses affect millions of employees in the U.S. each year, and result in significant costs to our nation, both in terms of quality of life of employees and economic losses experienced by affected employees, employers, and society in general. In 2013, the U.S. Bureau of Labor Statistics (BLS) reported an estimated total of just over 3 million non-fatal workplace injury and illness cases within the private sector workforce. The total cost of workplace injuries and illnesses (both direct and indirect costs) in the U.S. is estimated to be $250 billion annually. In Texas alone, employers paid over $1.7 billion dollars in workers' compensation benefits in 2012. Given that Texas law does not require private employers to provide workers' compensation insurance, this figure likely underestimates the true economic impact of occupational illness and injury.

Texas is the second-largest state in the U.S., both in terms of size and population. In 2013, it was estimated that more than 8% (12,752,000) of the total U.S. labor force resided in Texas. Over two million of these workers are estimated to be employed within Census Bureau industries that are at high risk for occupational mortality (unpublished data, Texas occupational health indicators 2012). Compared with most other states, a slightly larger percentage of individuals in Texas (6.9%; over 830,000 persons) were employed within the construction and extraction occupational group in 2013, a group with one of the highest rates of fatal injuries in the U.S. Texas is demographically diverse, and an estimated 20% of the state's total population of over 25 million is foreign born. Immigrants are more likely to be employed in more dangerous jobs or in jobs with poorer working conditions than U.S.-born workers. Given the size and diverse demographic characteristics of the state's workforce, in-depth analysis of Texas surveillance data provides much-needed occupational health information for state priority setting and intervention activities. It also provides valuable support for National Occupational Research Agenda Sector Programs and other states' surveillance programs.

The DSHS Environmental and Injury Epidemiology and Toxicology (EIET) Unit has a history of conducting surveillance both on occupational and non-occupational illnesses and injuries, including more than 25 years of surveillance of occupational pesticide exposure, adult and childhood blood lead levels, asbestosis, and silicosis. Additionally, the EIET Unit has conducted surveillance on hazardous substances emergency events, EMS runs, hospitalizations for severe traumatic injuries, submersion injuries, traumatic brain injuries, and spinal cord injuries. These state-based efforts are multi-dimensional projects involving data collection, analysis, interpretation, and dissemination, with linkages to (and evaluation of) prevention and intervention activities. However they have existed under separate mandates and have not worked together in a comprehensive occupational health capacity as envisioned by the Council for State and Territorial Epidemiologists (CSTE). Over the past 5 years, the EIET Unit has been working to create a more seamless program that addresses gaps in occupational health surveillance in Texas.

States play a vital role in the surveillance of occupational injuries, illnesses, and hazards. State occupational health surveillance activities serve as a foundation for several federal surveillance systems. State-based occupational health surveillance provides information necessary to identify and characterize work-related injury, illness, and fatality cases within the state. Furthermore,

because state agencies are more likely to have access to local data than agencies at the national level, and because it is the mission of state health departments to improve the health and well-being of their citizens, it is important for states to develop the capacity to conduct and implement more in-depth surveillance and analytical methods to identify high-risk groups, create targeted preventive interventions for selected conditions, and ultimately, reduce worker morbidity and mortality.

Specific Aims

The Specific Aims for the Texas Fundamental Program for the Years 2015-2020 included the following:

1. Compile occupational health and safety surveillance data for the 21 currently defined OHIs, and report summarized results annually and in a timely manner to CDC NIOSH.
2. Conduct detailed analyses of OHI data, including demographic and temporal trends, and publish annual and/or other periodic reports of findings on the DSHS website, on the CDC Occupational Health Clearinghouse website, and/or in peer-reviewed journals.
3. Continue using current case report follow-up procedures, continue entering surveillance data into SPIDER database, continue reporting pesticide data to NIOSH, and improve case finding efforts for work-related pesticide exposures.
4. Pilot other data sources and explore their capacity to identify cases of other occupational illnesses, injuries, deaths, hazards, and/or exposures and assist in the proposal and development of new OHIs.
5. Identify high risk occupational groups and provide training and/or educational materials to enhance safety awareness and reduce future occupational morbidity and mortality.
6. Collaborate with occupational medicine physicians and researchers to help review, evaluate, and improve the occupational health and safety surveillance system in Texas.

Specific Aim 1. Compile occupational health and safety surveillance data for the 21 currently defined OHIs, and report summarized results annually and in a timely manner to CDC NIOSH.

- DSHS followed the step-by-step directions provided in CSTE's "How-to-Guide" to derive estimates of the annual numbers and/or incidence rates of all of the specified OHIs. To reduce the potential for errors, DSHS developed and implemented a series of linked Excel spreadsheets with the necessary formulas built in, to integrate, automate, and simplify the process of generating the necessary OHI data elements. To ensure accuracy, hospital discharge data derived from Access database queries were checked against data derived using SAS procedures. Each OHI calculation was QA/QC'd by a second staff member to verify results.
- Compiled and reported 2013 OHI data for 23 indicators to CSTE/NIOSH in June 2015. Hospital discharge data and mortality data needed to calculate specific 2013 indicators were successfully obtained to meet our goal.
- Published a report reviewing occupational health indicators from 2003 to 2012. The report describes trends of Texas indicators and can be found at:
  http://www.dshs.state.tx.us/epitox/reports/Texas-OHIs-2003-2012.pdf.
- Performed some statistical analyses that included data through 2013, and found that the rate of work-related hospitalizations has statistically significantly decreased since 2003, but the rate of fatal work-related injuries has remained the same. Similarly, while the rates of asbestosis and silicosis hospitalizations have varied year-to-year, there appears to be a decreasing trend.
- Participated in pilot testing of OHIs proposed by CSTE/NIOSH sub-state measures workgroup.

Specific Aim 2. Conduct detailed analyses of OHI data, including demographic and temporal trends, and publish annual and/or other periodic reports of findings on the DSHS website, on the CDC Occupational Health Clearinghouse website, and/or in peer-reviewed journals.

- DSHS performed some statistical analyses that included data through 2013, and found that the rate of work-related hospitalizations has statistically significantly decreased since 2003, but the rate of fatal work-related injuries has remained the same. Similarly, while the rates of asbestosis and silicosis hospitalizations have varied year-to-year, there appears to be decreasing trend. We analyzed these trends using statistical methods including Poisson regression with 95% confidence bands to model rates and determine the direction and statistical significance of changes over time.
- We plan on expanding this analysis to include demographic information and proposed exploring the use of other data sources. Currently, we have access to a variety of data sources specific to Texas, including acute pesticide-related illness and injury, elevated blood lead levels, asbestosis, silicosis, and other occupational illnesses and injury, DSHS Vital Statistics Unit, for death certificate data, Texas Poison Control Network, Texas Department of Agriculture and hospital discharge data.

Specific Aim 3: Continue using current case report follow-up procedures, continue entering surveillance data into SPIDER database, continue reporting pesticide data to NIOSH, and improve case finding efforts for work-related pesticide exposures.

- DSHS has a long history of occupational pesticide exposure surveillance in Texas and has entered cases into the SPIDER database since 1997. In Texas, the majority of pesticide poisoning case reports come from the Texas Poison Center Network. However reliance on Texas Poison Center Network data can lead to under-ascertainment because calls to the poison control centers are voluntary, and exposed workers may go straight to an emergency department, health clinic, or private physician for evaluation. We continue to educate medical providers about diagnosing and reporting acute occupational pesticide exposure is cases into SPIDER database.
- During 2000-2015, the Texas Poison Center Network received 63 calls about ozone exposures: 31 environmental, 19 occupational, 12 unintentional general, and 5 unintentional misuse. Based on this information, we have begun to include ozone in our SPIDER database.
- DSHS collaborated with Texas Department of Agriculture (TDA) to investigate an event where migrant farmworkers were directly exposed to pesticides in Hereford, Texas. This was one of the rare cases in which a farmworker reported a pesticide exposure event directly to DSHS. The event involved a group of 5 workers who were in a sorghum field weeding when a ground sprayer rig entered the field and began spraying without notifying the field workers or allowing them time to safely leave the field. Two of the workers were heavily exposed to the pesticides (a mixture of the herbicides Huskie and Atrazine), became symptomatic, and were treated in a nearby emergency room. TDA fined the pesticide applicator, the pesticide distributor, and the farmworker crew contractor for a number of violations involving failures in training, posting/notifications, record keeping, restricted entry intervals, and application while other non-involved workers were present in the field.

- Evaluated PEST data from 2010 to 2014 and identified only 32 occupational pesticide poisoning events among farmworkers. This makes up only 3 percent of total reports received, and suggests frequent underreporting or lack of access to medical care among farmworkers.

Specific Aim 4: Pilot other data sources for potential to identify cases of occupational illness and injury.

- The program has begun to pilot other data sources, such as EMS & Trauma Registries (ETR) surveillance systems. ETR collects emergency medical services runs, reportable injuries (traumatic brain injury, spinal cord injuries, and submersions), and other traumas from EMS providers, justices of the peace, medical examiners, physicians, and hospitals. ETR recently began receiving traffic collision data from the Texas Department of Transportation, and has linked these data with ETR data. Our group has access to these data and, based on variables available in the traffic collision data, we were able to identify collision involving commercial motor vehicles occurring work zones, along with EMS and hospital outcomes associated with those crashes. This is the first time that this data linkage has been conducted in Texas, and gives us the unique opportunity to conduct innovative analyses. We recently used these data in an analysis of associations between oil and gas industry activity and commercial motor vehicle-related crash fatality rates in Texas.
- For the first time, our group has gained access to identifying variables for Texas hospital discharge data, which will allow us to conduct more detailed analyses of hospitalizations associated with occupational illnesses. For example, we will conduct a pilot comparison of de-duplicated hospital discharge data with other existing surveillance data sources (such as death certificate data and case reports) to assess completeness and accuracy of registry data.
- Our occupational health surveillance program currently utilizes case reports, de-identified hospital discharge data, and death certificate data. By comparing case reports with death certificate data, it is clear that many asbestosis and silicosis cases are unreported by health care providers. While efforts are under way to increase reporting of these conditions, supplemental data sources are needed to improve surveillance. De-identified hospital discharge data are used to calculate hospital discharge rates, but cannot be used to analyze the prevalence of these conditions in the population. Inpatient and outpatient hospital discharge data with indicators will be lined with existing case reports to generate a more accurate estimate of the prevalence and incidence of these conditions in Texas each year. This will also allow us to analyze the burden of hospital readmissions for these conditions, including associated costs.
- DSHS routinely queries the Texas Poison Control Network database and extracts detailed case report information on work-related cases of pesticide and disinfectant exposures. Poison control center calls result in approximately 300 to 500 cases annually which, if sufficient information is available, are followed up with phone interviews and/or medical records reviews to obtain further information.

Specific Aim 5: Identify high risk occupational groups and provide training and/or educational materials to enhance safety awareness and reduce future occupational morbidity and mortality.

- DSHS has developed relationships with several local groups such as La Ventanilla de Salud at the Mexican Consulate (Austin, Texas) and the national Center for Farmworker Health (Buda, Texas), the Migrant Clinicians' Network (MCN, Austin, Texas) and the Texas Department of Agriculture (Austin, Texas) by attending meetings with these entities on a regular basis. Recently, we had a conference call with the DSHS Community Health Worker (CHW)

Certification program and MCN to discuss collaborations for occupational health training and education. We have since reviewed MCN curricula that were later approved for training of certified CHWs. We will continue to develop this and other such relationships.

- When a high-priority pesticide-related illness or injury event is encountered, we share details of the event with the Texas Department of Agriculture, and assist them in investigations, as needed. We also notify NIOSH and OSHA of work-related exposures events and share data and collaborate with them on investigations. Currently, we are collaborating with NIOSH in research regarding e-cigarettes and workplace safety.
- Staff continue to enhance collaborations with advocacy groups including the National Center for Farmworker Health, La Union del Pueblo Entero and the Texas Migrant Care Network by meeting with these entities to identify high-priority events.
- Staff provided information and held educational sessions on the OHIs and occupational pesticide exposure surveillance across Texas to a variety of stakeholders / audiences (e.g., presentations, health fairs, mail-outs).
- Staff participated in the Weston meeting in Denver, Colorado, September 2015; NIOSH Occupational Lung Disease meeting, Denver, Colorado, September 2015; Occupational Health (OH) Surveillance Partners and Council of State Territorial Epidemiologists (CSTE) OH meeting in Cincinnati, Ohio, December 2015; and SENSOR-Pesticides 2016 Winterfest Workshop, Seattle, Washington, March 2016.

Specific Aim 6: Collaborate with occupational medicine physicians and researchers to help review, evaluate, and improve the occupational health and safety surveillance system in Texas.

- To date DSHS has not been able to establish an advisory committee. During the next year DSHS plans to assemble a committee. The committee will be compose of individuals with expertise in a wide range of disciplines representing advocacy groups, academia, and government. Additionally the DSHS health economist will also be part of the advisory committee.

Publications

Calvert GM, Beckman J, Prado JB, **Bojes H**, Mulay P, Waltz J, Lackovic M, Mitchell Y, Moraga-McHaley S, Leinenkugel K, Higgins S: [2015] Acute Occupational Pesticide-Related Illness and Injury – United States, 2007-2010. MMWR, Morb Mortal Wkly Rep 62(No. 54):5-10.

Fortenberry GZ, Beckman J, Schwartz A, Prado JB, Graham LS, Higgins S, Lackovic M, Mulay P, **Bojes H**, Waltz J, Mitchell Y: [2016] Magnitude and characteristics of acute paraquat-and diquat-related illnesses in the US: 1998–2013. Environmental Research 146, pp.191-199.

Forrester, M.B. and **Bojes, H**., 2016. Adolescent pesticide exposures reported to Texas poison centers. *International journal of adolescent medicine and health*, *28*(1), pp.55-60.

Trueblood AB, **Forrester MB**, Han D, Shipp EM, Cizmas LH: [2016] Pesticide-related poison center exposures in children and adolescents aged ≤19 years in Texas, 2000-2013. Clin Toxicol (Phila) [Epub ahead of print]

Ziqubu-Page T, **Forrester MB**: [2016] Comparison of occupational household and industrial cleaner exposures reported to the Texas Poison Control Network during 2000-2014. Texas Public Health Journal 68(S):41.

DSHS staff (**Jenny Karnik**) was a contributing author to the CDC MMWR Surveillance Summaries: Elevated Blood Lead Levels Among Employed Adults – United States, 1994-2012 MMWR Morb Mortal Wkly Rep 2015; 62(No. 54):52-75.

Presentations:
"Comparison of occupational household and industrial cleaner exposure reported to the Texas Poison Control Network during 2000-2014", poster presentation at the 2016 Texas Public Health Association Annual Education Conference, Galveston, Texas, April, 2016.

"Oil and gas well activity associated with commercial motor vehicle-related crash fatality rates in Texas", poster presentation at the 2016 Epidemiology Congress of the Americas, Miami, Florida, June 2016.

"Silicosis and Asbestosis – Awareness and Prevention," and "Fall Prevention in Residential Construction" presentations at Ventanilla de Salud, Austin, Texas, October 3 and 19, 2015, January 18, 2016, February 1 and 16, 2016, and March 3 and 21, 2016; April 7 and 18, 2016; May 5 and 16, 2016; and, June 2 and 20, 2016.

"Silicosis and Asbestosis – Awareness and Prevention," presentation at City of Austin Health Fair, Austin, Texas, June 2016.

"Silicosis and Asbestosis – Awareness and Prevention" presentation at El Paso Health Fair, Texas, April 2016.

Equipment Inventory List Authorization/Purchased

Report Date:
Project Title: State Occupational Safety and Health Surveillance Program
Grantee Name: Texas Department of State Health Services
Grants Management Officer: Sharon Cassell

Grant Number: 2U60OH008473-10
Project Period: 07/01/2015 to 06/30/2016

Project Officer: Steve Inserra
Grants Specialist: Sharon Cassell

Description of Item: i.e. pH Meter	Mfr.[1] i.e. Fischer	Serial Number	Quantity	Condition[2]	Location[3]	Purchase Cost	Date Received [mm/dd/yyyy]
NONE							

[1]Mfr. (Manufacturer)
[2]Condition: (Excellent) (Good) (Fair) (Poor) (Inoperable)
[3]Location: complete physical address

Property Administrator & PO Disposition Recommendation and Instructions:

Description of Item	Disposition[1]	Address[2]
NONE	_____Transfer Title _____Retain and Compensate Awarding Agency _____ Return to Program Office _____Other (explain)	Attn: Steve Inserra Centers for Disease Control & Prevention Peachtree Distribution Center 3719 North Peachtree Road, #100 Chamblee, GA 30341
NONE	_____Transfer Title _____Retain and Compensate Awarding Agency _____ Return to Program Office _____Other (explain)	

[1]Check the appropriate disposition
[2]The CDC Warehouse is the central receiving point for the delivery of all non-hazardous and non-perishable supplies and equipment, CDC – AM – 2004-03, update 2010

TANGIBLE PERSONAL PROPERTY REPORT
SF- 428

		Page 1	of 2 Pages
1.Federal Agency and Organization Element to Which Report is Submitted Centers for Disease Control and Prevention	2. Federal Grant or Other Identifying Number Assigned by Federal Agency 2U60OH008473-10	3a. DUNS 807391511	3b. EIN 32-0113643
4. Recipient Organization (Name and complete address including zip code) Texas Department of State Health Services Disease Control and Prevention Environmental Epidemiology and Disease Registries, MC 1964 P.O. Box 149347 Austin, TX 78714-9347		5. Recipient Account or Identifying Number DSHS Doc. # 1951-01-AP-03	
6. Attachment (Check applicable) ___ Annual Report (SF-428-A) _X_ Final (Award Closeout) Report (SF-428-B) ___ Disposition Report/Request (SF-428-C)		7. Supplemental Sheet ___ Yes _X_ No	

8. Comments
The SF-428 and SF-428B are provided in order to closeout the PAR-14-275, State Occupational Safety and Health Surveillance Program, for the period of 7/1/2015 - 6/30/2016.

9a. Typed or Printed Name and Title of Authorized Certifying Official Janna Zumbrun, MSSW Associate Commissioner Division for Disease Control & Prevention	9c. Telephone *(area code, number, extension)* 512-776-7729 9d. Email address janna.zumbrun@dshs.state.tx.us
9b. Signature of authorized Certifying Official Janna Zumbrun	9e. Date report submitted *(Month, Day, Year)* 9/30/16
	10. Agency use only

TANGIBLE PERSONAL PROPERTY REPORT
Final Report SF-428- B

Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428).

2U60OH008473-10

1. **Report** (Select all that apply)

a. ___ Federally-owned Property (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2a below.)

b. ___ Acquired Equipment with acquisition cost of $5,000 or more for which the awarding agency has reserved the right to transfer title (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2b below.)

c. ___ Residual Unused Supplies with total aggregate fair market value exceeding $5,000 not needed for any other Federally sponsored programs or projects. *(Complete Section 2c below)*

d. X None of the above

2. Complete relevant section(s)	**For Agency Use Only**
2a. **Federally-owned Property** *(Select one or more.)* (i) ___ Request transfer to Award _____ (ii) ___ Request Federal Agency disposition instructions (iii) ___ Other *(Provide detail in Block **3** or attach request)*	Agency response to requested disposition of Federally owned property: (i) Recipient request approved___ denied ___ (ii) Dispose in accordance with attached instructions ___.
2b. **Acquired Equipment** *(Select one or more.)* (i) ___ Request unconditional transfer of title with no further obligation to the Federal Government. (ii) ___ Request Federal Agency disposition instructions Note: If the awarding agency does not provide disposition instructions within 120 days the recipient may continue to use the equipment for Federally supported projects or dispose in accordance with the applicable property standards.	Agency response to requested disposition of acquired equipment:: (i) Recipient request approved___ denied ___ (ii) Dispose in accordance with attached instructions ___
	Authorized Awarding Agency Official
	Signature: / Date:
	Name: / Phone:
	Title / Email

2c. **Reportable Residual Unused Supplies**

(i) __ Sale proceeds or __ Estimate of current fair market value ..... $_____

(ii) Percentage of Federal participation ..... _____%

(iii) Federal share ..... $_____

(iv) Selling and handling allowance ..... $_____

(v) **Amount remitted to the Federal Government**..... $_____

3. Comments

FINAL REPORT ATTACHMENT TO SF-428

Agency use only

OMB Approval Number: 3090-0289
Expiration Date: 4/30/2013

Form Approved Through 08/31/2015
OMB No. 0925-0002

Department of Health and Human Services

Final Invention Statement and Certification

(For Grant or Award)

DHHS Grant or Award No.

2U60OH008473-10

A. We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced DHHS grant or award for the period

07/01/2015 through 06/30/2016 .

original effective date *date of termination*

B. Inventions (Note: If no inventions have been made under the grant or award, insert the word *"NONE"* under Title below.)

NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO DHHS
	NONE	
(Use continuation sheet if necessary)		

C. Signature — This block ***must*** be signed by an official authorized to sign on behalf of the institution.

Title

Associate Commissioner

Typed Name

Janna Zumbrun, MSSW

Signature

Janna Zumbrun

Date

9/20/16

Name and Mailing Address of Institution

Texas Department of State Health Services
Janna Zumbrun, MSSW
Associate Commissioner
Division for Disease Control and Prevention
MC1927
P.O. Box 149347
Austin, TX 78714-9347