



National Environmental Assessment Reporting System (NEARS)

State Notice and Acknowledgment of Local Participation

This document serves as notice and acknowledgment of the participation of (agency/program) _____ in the National Environmental Assessment Reporting System (NEARS) of the National Center for Environmental Health, Centers for Disease Control and Prevention (CDC).

NEARS is a surveillance program through CDC's National Center for Environmental Health used to capture environmental causes of foodborne illness outbreaks. In April 2014, agencies/programs participating in NEARS are asked to begin reporting all foodborne illness outbreak environmental assessment data to the system. Information collected through NEARS will be used to

- Establish a detailed characterization of food vehicles and monitor food vehicle trends,
- Identify and monitor contributing factors and their environmental antecedents,
- Provide a basis for hypothesis generation regarding factors that may support foodborne outbreak events, and
- Guide planning, implementation, and evaluation of food safety programs.

NEARS will provide food safety programs and the food industry with information to guide the planning, implementation, and evaluation of foodborne illness prevention activities.

While NEARS encourages state participation, some states may choose not to participate. Local and county agencies/programs in nonparticipating states may participate in NEARS only after obtaining acknowledgment from a relevant state agency official. This document should be used to obtain such acknowledgment and should be submitted by e-mail to NEARS@cdc.gov after completion.

Printed Name of State Acknowledging Official: _____

Title: _____

State Agency: _____



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As the State Acknowledging Official, I further understand that (agency/program)

_____ is solely responsible for the accuracy of data submitted and entered into NEARS. In addition, data entered into NEARS can be used at the discretion of CDC.

However, data requests made outside of the participating agency/program (e.g., other federal, state, and local agencies, academia, etc.) can be shared upon written consent of (agency/program)

_____.

Signature _____

Date _____