

ALTERNATIVE RESPONSE TOOL - PROPOSAL WORKSHEET (PWS)

This worksheet is designed to collect information to assist an evaluation team in assessing your response tool.

INSTRUCTIONS:

Please fill out the form completely and attach as much detail and supporting documentation as possible. For each item you include, assign it an attachment number and indicate this number in the appropriate space under each heading. If no data on a given topic are available, please check the "Not available" box. If you have any questions, please do not hesitate to contact the evaluation team member listed at the end of this worksheet.

1. Solicitor Information:

- a. Name: _____
- b. Address: _____
- c. Phone: _____ d. Fax: _____
- e. Pager: _____

2. Method/Technology Description:

- a. Name: _____
- b. Mechanical Chemical Biological Other
- c. Specific Use: _____

3. Human health and safety concerns:

Attachment #

- a. Material Safety Data Sheet
- b. Personal Protective Equipment
- c. Human Toxicity Data
- d. Additional comments enclosed
- e. Not available

4. Biological toxicity:

- a. Aquatic toxicity data
- b. Mammal toxicity data
- c. Bird toxicity data
- d. Reptile toxicity data
- e. Vegetation toxicity data
- f. Additional comments enclosed
- g. Not available

5. Application procedure or system:

- a. Description of application procedures and system
- b. Number of persons needed to apply response tool
- c. Level of experience required by applicators
- d. Description of application rate (square yards/second)
- e. Product availability and stockpile locations
- f. Additional comments enclosed
- g. Not available

ALTERNATIVE RESPONSE TOOL - PROPOSAL WORKSHEET (PWS)

6. Recovery information:	Attachment #
a. Method of recovery	<input type="checkbox"/>
b. Amount equipment available	<input type="checkbox"/>
c. Location of equipment stockpiles	<input type="checkbox"/>
d. Storage equipment needed in conjunction with device	<input type="checkbox"/>
e. Recovery efficiency data	<input type="checkbox"/>
f. Additional comments enclosed	<input type="checkbox"/>
g. Not available	<input type="checkbox"/>
7. Disposal information:	
a. Specific disposal requirements	<input type="checkbox"/>
b. Disposal sites identified	<input type="checkbox"/>
c. Additional comments enclosed	<input type="checkbox"/>
d. Not available	<input type="checkbox"/>
8. Monitoring information:	
a. Monitoring plan	<input type="checkbox"/>
b. Monitoring equipment required	<input type="checkbox"/>
c. Level of experience required by monitors	<input type="checkbox"/>
d. Additional comments enclosed	<input type="checkbox"/>
e. Not available	<input type="checkbox"/>
9. Pre-operational testing:	
a. Description of test	<input type="checkbox"/>
b. Amount equipment available	<input type="checkbox"/>
c. Location of equipment stockpiles	<input type="checkbox"/>
d. Storage equipment needed in conjunction with device	<input type="checkbox"/>
e. Recovery efficiency data	<input type="checkbox"/>
f. Additional comments enclosed	<input type="checkbox"/>
g. Not available	<input type="checkbox"/>
10. Field test information:	
a. Written field test data	<input type="checkbox"/>
b. Historical field use data	<input type="checkbox"/>
c. Video documentation	<input type="checkbox"/>
d. Not available	<input type="checkbox"/>

Evaluation Team: _____
Team POC: _____
Phone Number: _____
Fax Number: _____

Date Request Sent: _____
Date Information Received: _____