

11-06
Version**New York City Department of Health****Consent for Access to Property
For Environmental Sampling**

The New York City Department of Health is conducting a pilot investigation to characterize the makeup of airborne and settled dust in residential areas around the World Trade Center (WTC) site. Participation in this investigation is voluntary. Your participation will help to determine if the contents of air and dust inside of your property can cause eye, nose, and throat (ENT) irritation. It will also assist in determining if more chronic health concerns from airborne asbestos or silica should be investigated further.

This investigation involves collecting indoor environmental samples (air and settled surface dust) from your property. The samples will be analyzed for the following:

Indoor air:

Crystalline silica and asbestos that can be inhaled
dust that can be inhaled will be tested for irritants (gypsum, mica, calcite)

Indoor settled surface dust will be tested for:

Asbestos, crystalline silica, pH, gypsum, mica, calcite, and
magnesium (a tracer to WTC collapse)

These tests will help to determine if you or other residents are being exposed to airborne materials at levels that are causing ENT irritation, or could cause long-term respiratory problems.

Participation

Furnishing any information is voluntary, and you may choose to stop participation at any time, even after signing this consent form. If you choose not to participate, or to stop at any time, there will be no penalty.

You will be requested not to smoke, burn candles or incense, fry foods or perform any other activities causing smoke. You will be requested not to do any cleaning during the day while sampling is taking place. You should be present during the sampling and may freely move about your home. If you leave, you should arrange for adequate security for your home during that time period. You will be asked to continuously run the fan on your heating, ventilating, and air conditioning system. If this cannot be done, we ask that you run a large fan to keep air circulating.

You have a right to request photo identification from all persons who gain access to your property for the purpose of sample collection or establishing continuous operation of the heating, ventilating, and air conditioning system.

Results

Upon conclusion of this investigation, NYCDOH will prepare a written report that discusses the findings. The report will be available to the public but will not contain personal identifiers.

NYCDOH will provide your test results to you and an explanation of their significance. Any future symptoms or illness related to the dust or air in your home will need to be addressed by you and your personal physician and will not be the responsibility of the New York City Department of Health.

Individual test results will not be made available to the public, but may be shared with other local, state, or federal health or environmental agencies. Confidentiality will be protected according to local, State, and Federal laws.

Questions

Before you decide whether to accept this invitation to take part in this study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Stephen Titus, PhD(C), MPH, Chairperson or Berton Freedman, MPH, Vice Chairperson at the New York City Department of Health's Institutional Review Board at 212-442-3385 or 347-538-0089. We will give you a copy of this consent form to take with you.

What Else Do I Need to Know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

I consent to having my test results shared with other local, State, or Federal health or environmental agencies.

Please check one Yes ☐ No ☐

Signature

Date

Directions: If you do not understand the description of the pilot investigation, please ask questions. If you agree to participate, please sign the consent form below.

Signature

Date

CONSENT FOR ACCESS TO PROPERTY

Name (print) _____

Telephone number (____) _____

Description of Property (address) _____

I hereby consent to employees of the New York City Department of Health (NYCDOH) or parties authorized by NYCDOH, to enter and have reasonable access to the above described property for the collection of environmental samples.

I am the property owner, or an individual having the authorization of the property owner to make this access agreement.

This written permission is given by me voluntarily with full knowledge of my right to refuse and without threats or promises of any kind.

 Signature

 Date

Witness: _____
 Name

 Date

Please direct any questions or concerns about this sampling to Chris D'Andrea at the New York City Department of Health, (212) 788-4290.