|  |  |
| --- | --- |
| **Model Aquatic Health Code** Draft Review Comment Form | |
| The Model Aquatic Health Code (MAHC) Steering Committee and Technical Committees appreciate your willingness to comment on the *Model Aquatic Health Code, Release for Public Comment.*Comments are due 60 days after the draft is posted on the MAHC website. Please complete all fields including contact information and provide your detailed comments as completely and succinctly as possible. Please save and e-mail this form to [MAHC@cdc.gov](mailto:MAHC@cdc.gov) with “Full MAHC Review” in the Subject Line. *Note: All comments and affiliations are public record and will be posted on the MAHC website for others to view.* | |
| **Date Submitted** | Click here to enter a date. |
| **First Name** | Click here to enter text. |
| **Last Name** | Click here to enter text. |
| **Organization** | Click here to enter text. |
| **Representing** | Click here to enter text. |
| **Address – Line 1** | Click here to enter text. |
| **Address – Line 2** | Click here to enter text. |
| **City** | Click here to enter text. |
| **State** | Click here to enter text. |
| **Zip Code** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Comment Instructions:** Please read the “Review Guidance” in the front section of the MAHC for details about the draft and submitting comments. Reminder, please be as specific, complete, and succinct as possible in suggestions for improving this draft. Use following form fields to submit one change per line. Use additional pages as necessary. Fields expand to accommodate the text.   1. **Draft MAHC Section Number** - Provide specific citation of draft MAHC section where a change is needed. 2. **Recommended New Draft MAHC Section Language** - Provide specific amended language. 3. **Basis for Suggested Change -** Are these comments supported by published scientific studies, existing state or local codes, or other references or editorial in nature? 4. **Comment Previously Addressed? –**Unless there is new, peer-reviewed, scientific data to support the change request, the MAHC committees strongly encourage only new comments that were not addressed during the previous comment period. 5. **Suggested Change Reference Citation:**  Please provide the full publication citation information for basis of suggested change including notation of specific page number or section number. Mark *Editorial*, if no reference information is provided 6. **NOTE:** If part of a larger group or organization, please consolidate comments to speed the MAHC response time to public comments. 7. **NOTE:** Only comments sent in this form will be accepted.   *Copy and Paste Additional Comment Rows as Needed* - Continued on Page 2 - | |

| **Section Number** | **Recommended New Draft MAHC Section Language** | **Basis for Change** | **Comment Previously Addressed? (Y/N)** | **Reference Citation** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. |  | Click here to enter text. |