

**DOCUMENT REVIEW FORM FOR
AIR QUALITY CRITERIA FOR CARBON MONOXIDE
Second External Review Draft**

Chapter Number _____ **Chapter Title** _____

Reviewer _____ **Organization** _____

Address _____

Recommendations: ☐ Acceptable as is³ ☐ Acceptable only after major revision¹
☐ Acceptable after minor revision² ☐ Not acceptable⁰

Note: If either of the two choices at above right are checked, please state specific reasons in the comments section below.

Summary Rating	Scientific Accuracy	Scientific Relevance	Regulatory Relevance	Literature Cited	Emphasis	Coverage	Writing
Excellent ³							
Good ²							
Fair ¹							
Poor ⁰							

Reviewer's Signature _____ **Date** _____

Return To: Project Manager for Carbon Monoxide, National Center for Environmental Assessment
(MD-52), U.S. Environmental Protection Agency, Research Triangle Park, NC 27711

General Comments (Attach extra pages if needed, but please be concise.):

Specific Comments (Indicate page, line, table, and figure numbers for each comment; attach extra pages as needed.):