## Request for Approval under the “DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback”

## (OMB Control Number: 1225-0088)

**TITLE OF INFORMATION COLLECTION**: Heat Outreach Campaign Evaluation

Customer Satisfaction Survey

* (**Web site Evaluation Survey**)
* ( **Compliance Assistance Specialists (CAS) outreach to employers**)

**PURPOSE**:

**Compliance Assistance Specialists (CAS) outreach to employers**

The survey will help OSHA gauge the usefulness of the 2012 heat outreach campaign materials and to identify possible updates to the campaign. Additionally the survey will assist the Agency too identify what elements of the campaign OSHA may want to consider using in other campaigns.

**Web site Evaluation**

In preparation for its 2012 heat outreach campaign, the Occupational Safety and Health Administration (OSHA) would like to conduct an evaluation of the 2012 Heat Illness web site. The survey results will help OSHA to gauge the usefulness of the web site and to identify possible updates for 2012.

**DESCRIPTION OF RESPONDENTS**:

* Members of the public who visit the 2012 Heat Illness web site.
* Employers who are contacted by OSHA’s Compliance Assistance Specialists

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus Group [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Christina Jones

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [ X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden Hours** |
| Web site | 12,000 | .25 hours | 3,000 |
| CASs outreach to employers\* | 1,000 | .33 hours | 330 |
| **Total** |  | . | **3,330** |

\*The CAS survey takes 5 minutes longer than the Web site survey since contains several secondary questions.

**FEDERAL COST**:

**Web Site survey**:

The estimated annual cost to the Federal government is:

Survey Development: 4 hours, at GS-11— $124

Post to Survey Monkey: 1 hour, at GS-13—$43

Data Analysis: 40 hours, at GS-11—$1,240

**Sub Total**: **1,407**

**CASs outreach to employers survey:**

**Survey Development: 4 hours, at GS-11— $124**

**Post to Survey Monkey: 1 hour, at GS-13—$43**

**Data Analysis: 16 hours, at GS-11—$496**

**Sub Total: $663**

**TOTAL**: $2,070

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**Web site Survey**

OSHA had 95,000 visits to the Heat Campaign Webpage between April and September of 2011. Assuming a 30% increase in traffic (additional marketing) and a 10% response rate to the voluntary survey (marketing research suggests a 3% response rate), OSHA estimates the total number of respondents to be approximately 12,000.

**CASs outreach to employers survey**

Based on our activities in 2011, OSHA estimates that each Area Office will conduct an average of approximately 100 outreach visits to employer/worker organizations throughout the Summer of 2012. Area Offices will provide the link to the survey to all of the organizations contacted and approximately 10% (market research suggests a response rate of 3%) will respond to the voluntary survey. OSHA estimates total respondents at approximately 1000.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

\*See attached draft

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION**: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION**: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION**:Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**