

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 2120-0746)**

---

**TITLE OF INFORMATION COLLECTION: Runway Safety Action Team (RSAT) Feedback**

**PURPOSE:** Runway incursions (when an aircraft, vehicle or pedestrian is on an active runway without authorization) are extremely dangerous and occur at the rate of 3-4 each day on the nation’s towered airports. Runway safety is one of the Federal Aviation Administration’s (FAA) highest priorities and continues to appear on the National Transportation Safety Board’s “Most Wanted List”. Regional and Local Runway Safety Action Team (RSAT) events are conducted periodically at airports throughout the country to address a wide range of surface safety risks and issues. Between 400 and 500 RSATs are conducted annually. RSATs are a key component in the systematic process of mitigating the number and severity of runway incursions, and are the basis for the development of an airport’s runway safety plan. RSATs present a forum for FAA officials and various stakeholder groups such as pilots, airlines, technicians and vendors to identify, discuss and mitigate airport surface safety risks. The effectiveness of RSATs is critical to their continued success, and the feedback received from those attending is essential to strengthening the runway safety enhancement process.

**DESCRIPTION OF RESPONDENTS:** All RSAT public and private sector attendees are eligible to participate with and provide feedback to the FAA Air Traffic Manager or Regional Runway Safety Manager conducting the event. These, among others, would include pilots, airport personnel, airport vehicle drivers, groundskeepers, air traffic controllers, airline employees, maintenance technicians, construction workers, fuel vendors, corporate flight departments, other FAA offices and any entity having business either on or with the airport.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> 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: Joseph Ponte Jr. FAA Office of Runway Safety (202) 385-4789**

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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  No

**BURDEN HOURS PER RSAT EVENT:**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Private Sector	10	3 minutes	0.5
State and Local Governments	5	3 minutes	0.25
Federal Government	5	3 minutes	0.25
<b>Total Per RSAT Event</b>	<b>20</b>	-	<b>1.0</b>
<b>Annual Totals (based on 400 RSATS per year)</b>	<b>8,000</b>	-	<b>400 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: ZERO. The RSAT feedback process, although currently conducted informally, has been and continues to be handled by runway safety personnel as part of regular day-to-day activity to continually improve outreach and RSAT effectiveness. Any additional burden would be nominal as a result of feedback forms being submitted.

**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?  
[ X ] Yes [ ] 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?

**With more than 550 towered airports throughout the United States, there is no one customer, mailing or contact list. Typically, the FAA Air Traffic Manager or Regional Runway Safety Manager conducting an RSAT at a particular airport will contact various airport tenants, airlines, vendors, airport authorities, repair stations, etc. Then each entity would determine who from their respective organizations would attend the RSAT event.**

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ X ] Web-based or other forms of Social Media  
[ ] Telephone  
[ X ] In-person  
[ X ] Mail  
[ X ] Other, Explain: Via Fax
2. 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.**