

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number 2125-0628)

TITLE OF INFORMATION COLLECTION: Traffic Incident Management (TIM)/Planned Special Event (PSE) Conference – Customer Feedback

PURPOSE:

The Federal Highway Administration is trying to determine if there is interest in another TIM/PSE conference as well as what the conference should look like. FHWA has co-sponsored, supported or sponsored TIM/PSE conferences in the past and wishes to see if interest in another conference exists before beginning to plan a 2014 or 2015 conference.

DESCRIPTION OF RESPONDENTS:

Transportation, Public Safety, Fire, Emergency Medical professionals who either respond as emergency responders to traffic incidents and/or who plan and implement both transportation plans and traffic incident management plans for planned special events. Both traffic incidents and planned special events are major causes of non-recurring congestion. Traffic incidents account for a number of deaths and struck-bys to those responding to the incidents – whether they responders are police, fire or DOT employees.

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: Laurel J. Radow

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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
State and Local Government	100	30 minutes	50 hours
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is ____\$0____

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

- 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?

Administration of the Instrument

- How will you collect the information? (Check all that apply)
 - [X] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person
 - [] Mail
 - [] Other, Explain
- Will interviewers or facilitators be used? [] Yes [X] No

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