

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/17/2011

Department of Health and Human Services
Centers for Disease Control and Prevention
FOR CERTIFYING OFFICIAL: Michael Carleton
FOR CLEARANCE OFFICER: Mary Forbes

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/27/2011

ACTION REQUESTED: Revision of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201109-0920-006
AGENCY ICR TRACKING NUMBER:
TITLE: Health Hazard Evaluations/Technical Assistance and Emerging Problems
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0920-0260
The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 11/30/2014 DISCONTINUE DATE:

| BURDEN: | RESPONSES | HOURS | COSTS |
|--|-----------|--------|-------|
| Previous | 11,690 | 4,007 | 0 |
| New | 8,160 | 2,874 | 0 |
| Difference | | | |
| Change due to New Statute | 0 | 0 | 0 |
| Change due to Agency Discretion | -3,530 | -1,133 | 0 |
| Change due to Agency Adjustment | 0 | 0 | 0 |
| Change Due to Potential Violation of the PRA | 0 | 0 | 0 |

TERMS OF CLEARANCE: Previous terms of clearance continue: Approved consistent with the following terms of clearance: approved for purposes of conducting investigations/evaluations, given the anecdotal nature of gathered data information obtained through these collections of information will not be used to develop estimates related to health or safety risks in general.

OMB Authorizing Official: Kevin F. Neyland
Deputy Administrator,
Office Of Information And Regulatory Affairs

Attachment A: HHE local health department survey, NOA 0920-0260

| List of ICs | | | |
|---|----------|------------------------------|--------------|
| IC Title | Form No. | Form Name | CFR Citation |
| Health Hazard Evaluation Specific Questionnaire (Example) | none | HHE Evaluation | |
| Health Hazard Evaluation Request Form for Employees and Employers | none | HHE Request Form | |
| Health Hazard Evaluation Specific Interview (Example) | none | HHE Evaluation Ineview | |
| Initial and Follow-back for Onsite Evaluations Year 1 | none | HHE Initial and Follow-back | |
| Follow-back without Onsite Evaluation Year 1 | none | Followback no onsite Year 1 | |
| Follow-back without Onsite Evaluation Year 2 | none | Follow-back no onsite Year 2 | |
| Followback for Onsite Evaluations Year 2 | none | Followback Year 2 | |
| Followback for Onsite Evaluations Year 1 | none | Followback Year 1 | |