

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 brochure evaluation, 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 Interview	
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	