

**Attachment 5 : Informed Consent**



The National Institute for Occupational Safety and Health

## Consent to be in a Research Study

### *Personal Flotation Devices and Commercial Fishermen*

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| <b>1</b> | <b>Who is conducting the study?</b>                | NIOSH is a federal agency that studies worker safety and health. We are part of the Centers for Disease Control and Prevention (CDC).  |
| <b>2</b> | <b>What is the purpose?</b>                        | The purpose of this study is to learn more about commercial fishermen's experiences, opinions, and perceptions involving PFDs and falls overboard. This is important information as it may help the PFD manufacturers design PFDs that better meet the needs of the fishing industry and encourage fishermen to wear PFDs while they work. |
| <b>3</b> | <b>What will I do?</b>                             | This survey contains questions about your experiences, opinions, and perceptions involving personal flotation devices (PFDs) and falls overboard. Each question and its possible responses will be read to you, and you are asked to select one of the answer choices presented.   |
| <b>4</b> | <b>When, where, for how long will I be needed?</b> | The survey may take between 10 and 20 minutes to complete.   |
| <b>5</b> | <b>Are there any risks?</b>                        | There are no anticipated risks or discomforts.   |
| <b>6</b> | <b>Is my participation voluntary?</b>              | Participation is voluntary. You may choose to be in the study or not. You may choose to answer any or all questions. You may drop out any time for any reason without consequences to you.   |
| <b>7</b> | <b>What if I'm injured or harmed?</b>              | Injury or harm from this project is unlikely. But, if it results, 911 will be called as needed. Medical care or compensation will not be provided. If harmed through negligence of a NIOSH employee, you might obtain compensation under Federal Law.  |
| <b>8</b> | <b>Will I be reimbursed or paid?</b>               | You will not be paid or reimbursed for participating.  |

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| <b>9</b>  | <b>Are there other benefits?</b>                     | There are no other benefits for participating.   |
| <b>10</b> | <b>Will my personal information be kept private?</b> | This study is anonymous. We will not be collecting or recording any personally identifiable information.   |
| <b>11</b> | <b>Will I or anyone else receive study results?</b>  | The study is anonymous. We will not be collecting or recording any personal identifiable information.  |
| <b>12</b> | <b>Who can I talk to if I have more questions?</b>   | <p>For questions about the research study, contact the Principal Investigator, Christy Forrester at <a href="mailto:cff6@cdc.gov">cff6@cdc.gov</a>, or 202-245-0687.</p> <p>For questions about your rights, your privacy, or harm to you, contact the Director of Human Research Protections, Mark Toraason at <a href="mailto:mtoraason@cdc.gov">mtoraason@cdc.gov</a>, or 513-533-8591.</p> |