

**Request for Approval under the “DOL Departmental Generic Clearance for  
the Collection of Routine Customer Feedback”  
(OMB Control Number: 1225-0088)**

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**TITLE OF INFORMATION COLLECTION:** Survey soliciting feedback on participation in the OSHA National Fall Prevention Safety Stand-Down

**PURPOSE:**

The overall purpose of the National Fall Prevention Safety Stand Down is to raise awareness to fall hazards in construction.

The purpose of the survey is to collect data on:

- Overall participation
- Program effectiveness
- Areas for improvement
- Problems area participants are encountering
- Quality of compliance assistance material

**DESCRIPTION OF RESPONDENTS:**

All construction employers and employees who participate in OSHA’s stand-down for construction fall prevention.

**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: Mr. Todd Owen

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

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

3. If Applicable, has a System or Records Notice been published? [ ] Yes [ X ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**Note:** Participants will be able to download a certificate for participating in the National Fall Prevention Safety Stand Down after completing the survey

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	25,000	10 min	4,167
<b>Totals</b>			<b>4,167</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$26,687.50

Grade of evaluator	GS 12 (6) <sup>1</sup>
Annual Salary	\$88,224
Hourly Rate	\$42.70
Estimated Response	7,500
Time to evaluate each response	5 minutes
Total Estimated Burden Hours	625 hours

$$625 \text{ hours} \times \$ 42.70 = \$26,687.50$$

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

N/A. This survey is open to all construction employers who participate in the stand down

**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?  
[ ] 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**

1. How will you collect the information? (Check all that apply)  
[X] Web-based or other forms of Social Media

<sup>1</sup> [http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/DCB\\_h.pdf](http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/DCB_h.pdf)

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

- Telephone
- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**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:**

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

**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.