

# Request for Approval Under the “Generic Clearance for the Collection Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 3041-0148)

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## TITLE OF INFORMATION COLLECTION:

Questionnaire for Soliciting Feedback on CPSC Regulatory Robot

## PURPOSE:

To set up a permanent feedback mechanism for a new information product: the CPSC Regulatory Robot (the “Robot”).

The Robot assists small businesses and individuals seeking guidance in identifying regulations that apply to their consumer product(s). From input provided by the user, the Robot produces a report with guidance that can be downloaded. After the Robot completes the task (and once the report is downloaded), we propose including a link to a voluntary feedback questionnaire that would be a permanent Web page, such as [www.cpsc.gov/robot/feedback](http://www.cpsc.gov/robot/feedback). This page would not be a popup. CPSC is pursuing this approval for feedback from the Robot’s relevant stakeholders/users. The feedback will allow CPSC to adjust and correct the Robot, as needed. Seeking stakeholder/user input aligns with the agency’s draft strategic goals, which include ensuring that stakeholders receive useful information that will inform their decision making. The feedback mechanism would assist CPSC staff in our efforts to ensure that the guidance information is, in fact, “useful” to our stakeholders.

Our proposed questions are as follows:

Question 1: Based on your most recent experience, please rate the usefulness of the Regulatory Robot? [Scale of 1-10 (1 = Not at all useful, 10 = Extremely useful)]

Please tell us about your experience with the Regulatory Robot.

Question 2: What did we do well in designing the Regulatory Robot to meet your needs?

Question 3: What are your suggestions for how we can improve the Robot to meet your needs?

Question 4: Which of the following *best* describes you or your organization? (Choose one)

Manufacturer (Large)	Distributor	Government (Domestic/Foreign)
Manufacturer (Mid-Size)	Retailer	Association (Trade/Consumer)
Manufacturer (Small)	Attorney/Consultant	Other _____

Manufacturer (Micro/Small Batch)	Testing Laboratory	
Importer	Consumer	

Example of Question 1 format from a for-profit website:

Feedback for GoToMeeting

Please share your thoughts with us!

Based on your most recent experience, how likely are you to recommend GoToMeeting to a friend or colleague?

0 1 2 3 4 5 6 7 8 9 10

Not at all likely Extremely likely

Please explain the primary reason for your rating.

**DESCRIPTION OF RESPONDENTS:**

Respondents are individuals who will use the CPSC Regulatory Robot. They will be asked at the end of the Robot to provide feedback on their experience and the usefulness of the resource.

**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (*e.g.*, Website or Software)
- Focus Group
- Customer Satisfaction Survey
- Small Discussion Group
- 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 noncontroversial 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 to substantially inform influential policy decisions.

- 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: NEAL S. COHEN

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- Is personally identifiable information (PII) collected?  Yes  No
- If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
- If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	1,000	4 minutes	67 hours
<b>Totals</b>			

**FEDERAL COST:** The estimated annual cost to the federal government is = \$1,658

**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  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?

Individuals who use the Robot will be asked to submit their feedback. Only individuals who complete the Robot such that a report is produced will be asked to respond to this feedback questionnaire.

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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

## 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:**

**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.**

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