## Attachment F –Assessment of Chemical Exposures (ACE) Investigations Burden Memo (0923-XXXX)

|  |  |
| --- | --- |
| 1. ACE Investigation GenIC No.: |  |
| 2. Title of Investigation: |  |
| 3. Chemical Incident |  |
| Investigated: |  |
|  |  |
|  |  |
| 4. Date of Investigation: | Beginning: |
|  | End: |
| 5. Name, CIO, and Contact Information of Lead Investigator: | |
|  |  |
| **Complete this section for each instrument used during the investigation.**  **Data Collection Method (check all that apply):**   * Questionnaire:   □ Face-to-face Interview  □ Telephone Interview  □ Self-administered Paper and Pencil  □ Self-administered Internet   * Focus Group * Medical Chart Review * Hospital Survey * Laboratory Sample * Other (please specify): | |

**Response Rate (if applicable):**

Total No. Responded (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total No. Sampled/Eligible to Respond (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response Rate (A/B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Burden Table (insert rows for additional respondent types if needed)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Instrument Name | Type of Respondent (e.g., general public, health care providers, responders, employees of the company) | Number of Respondents  (A) | Number of Responses per Respondent  (B) | Burden per Response (minutes)  (C) | Total Burden  (in minutes;  A x B x C) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |