# 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.	5. Name, CIO, and Contact Information of Lead Investigator:						

## Complete this section for <u>each</u> 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):

# espond (B):

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

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