

**Request for Approval under the “DOI Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”  
(OMB Control Number: 1090-0011)**

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**TITLE OF INFORMATION COLLECTION:**

Hands-on Salvage Training Program Survey

**PURPOSE:**

To conduct a survey to gain valuable input that will help develop a training program that best suits the needs of the oil and gas industry as it pertains to a hands-on marine salvage response course.

**DESCRIPTION OF RESPONDENTS:**

Government agencies involved with salvage (e.g. USCG, Navy SUPSLAV, NOAA, US Army), as well as Oil and Gas Producers and shipping and marine service organizations.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: Training Program Feedback |

**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: Paul Meyer, Ohmsett Manager, BSEE Oil Spill Preparedness Division

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

**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
3. 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           |
|------------------------|--------------------|--------------------|------------------|
| Survey participants    | 3,000              | 5 minutes          | 250 hours        |
| <b>Totals</b>          | <b>3,000</b>       | <b>5 minutes</b>   | <b>250 hours</b> |

**FEDERAL COST:** No Federal employees will be reviewing the data and contractors are not billing the government. The contractors' benefit is that the survey will help them design a good training course to use at BSEE's Ohmsett facility.

**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**

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  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.

Survey will be sent to contractors' existing customer mailing list (opt-in).

To obtain a representative population from our contact database and our training partner's database, we have selected a list of US government agencies, marine service organizations, ship owners, barge owners, and subcontracted network partners who have personnel that respond to salvage incidents. It will be sent to contacts within those agencies/companies that are training managers/coordinators and decision makers.

**Administration of the Instrument**

1. 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

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 in minutes 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.