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 <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): _____

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)