Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0923-0047)

TITLE OF INFORMATION COLLECTION: Customer Satisfaction Survey for CDC Tobacco Products Laboratory Accredited to ISO/IEC 17025:2005

PURPOSE: To collect customer satisfaction information about the quality of services provided Tobacco Products Laboratory in the Tobacco and Volatiles Branch (NCEH/DLS).

External customers will be asked to rate the services they received. The survey will focus on customer satisfaction with the services provided by Tobacco Products Laboratory in terms of ease of use, completeness, accessibility of CDC staff for interpreting results, timeliness and overall satisfaction with services. Customers will also have the opportunity to provide open-ended comments.

Findings will be used to identify areas for improvement and to improve customer satisfaction. The lab is accredited according to International Organization for Standardization (ISO/IEC 17025:2005) "General requirements for the competence of testing and calibration laboratories." ISO accreditation requires that the laboratory include communication with customers as one element of an overall quality management system. The customer satisfaction survey is designed to meet this requirement.

DESCRIPTION OF RESPONDENTS:
In most cases these individuals will be external clients (FDA) who will be asked to rate the services they received from CDC laboratories. Upon delivery of the CDC analytical report the customer would also receive the survey.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form	[X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software	[ ] Small Discussion Group
[] Focus 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 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: Mary Halstead
Mary Halstead, Quality Manager, CDC/NCEH/DLS/TVB

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
   Participants will have the option of voluntarily providing their position, city/state, and email address in their official capacity as public health laboratorians.
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 [X] No

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
External clients who receive services from TVB	25	10/60	4 hrs
Totals	**25**	**10/60**	**4 hrs**

Burden Costs are estimated from the 2016 Bureau of Labor Statistics Occupation Code 29-2010 (Clinical Laboratory Technologists and Technicians) median hourly wage ($25.13 x 4=$100.52) See https://www.bls.gov/oes/current/oes_nat.htm#31-0000.

FEDERAL COST: The estimated annual cost to the Federal government is nominal. Survey responses will be collected and analyzed by CDC employees in conjunction with their normal duties.

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?
   [X] 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?

An invitation to complete a customer satisfaction survey will be sent along with all analytical reports from the Tobacco Products Laboratory. Emails to external clients will contain an attachment that includes the customer survey (Attachment A).

The FDA will send multiple samples to CDC for testing. Each report of findings will include a separate invitation to complete the customer satisfaction survey. This will allow us to conduct independent assessments of each type of service.

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 (hardcopy)
   - [X] Other – Email attachment

2. Will interviewers or facilitators be used? [ ] Yes [X] No

List of Attachments

Attachment A. Survey (email attachment in Word)
Attachment B. Research Determination

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"

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.

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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.