## 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) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |