## Request for Approval under the “Generic Clearance for the

## Collection of Routine Customer Feedback”

## (OMB Control Number: 2130-0598)

**TITLE OF INFORMATION COLLECTION:** Railroad Crossing and Trespassing Public Service Announcement (PSA) Survey

**PURPOSE:**

The purpose of the survey is to obtain customer awareness, attitude, and experience with a railroad safety series of safety videos. Data from the survey will be used to inform FRA about the effectiveness of the individual products, whether improvements are necessary, and to assess the effectiveness of the **use** of social media as a tool for communicating safety messages regarding track crossing issues.

**DESCRIPTION OF RESPONDENTS**: Individual Internet users, specifically who utilize Facebook, LinkedIn, YouTube, Twitter, and who access the FRA website.

**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:\_Michele Geary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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** |
| Individuals | 4,241 | 3 minutes | 212 hours |
|  |  |  |  |
| **Totals** |  |  |  |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$30,000**

**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 [X] No

FRA will use two approaches to distribute the survey. For each approach, respondents will be self-selected from Internet users who view one or more of 16 safety products (videos) FRA is producing. The first approach will have FRA place each video, as an episodic series, on FRA social media sites, which are: FRA website, FRA Facebook page, FRA LinkedIn page, and FRA Twitter account. FRA has a universe of 58,500 potential respondents based upon current numbers of those associated with FRA social media platforms. These include:

* Facebook – 24,000
* Twitter – 17,000
* LinkedIn – 15,000
* YouTube – 2,500

Respondents who view the video will then be directed through an online link to voluntarily complete the survey so that FRA may gather their awareness, attitude, preferences, and experience with the videos.

The second approach is FRA will have partner organizations including Operation Life Saver (ARE THERE OTHERS?) distribute the videos through their social media platforms. A survey link will be embedded at the end of the video (IS THIS POSSIBLE?) so that viewers may voluntary complete the survey after watching the video. The universe of potential users for our partners is unknown. (DO YOU HAVE THE SAME KIND OF NUMBERS for OLI/Others?)

The survey will collect basic demographic information such as age range, location, and sex to provide a general profile of respondents. No PII information will be collected.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[x] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [x] 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”

**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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 per row.

**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.

**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.

**Submit all instruments, instructions, and scripts are submitted with the request.**