

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number 1513–0132)

TITLE OF INFORMATION COLLECTION:

TTB Laboratory Customer Satisfaction Survey (2019).

PURPOSE:

The results of this customer satisfaction survey will provide the Alcohol and Tobacco Tax and Trade Bureau’s (TTB) Scientific Services Division (SSD) with high-to mid-level indicators on how well SSD is doing in meeting customer expectations. SSD operates the TTB Laboratory, which is an ISO 17025 accredited laboratory. The standard requires that the laboratories seek feedback from its customers. The survey results will be analyzed and used to improve the quality system, laboratory activities and customer service which would otherwise be unknown.

DESCRIPTION OF RESPONDENTS:

All respondents are current private sector alcohol or tobacco permit holders, State government agencies, and Federal government agencies, including internal TTB offices, that have received TTB Laboratory reports as part of requirements proscribed through law or in support of regulatory or criminal enforcement action.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form Customer Satisfaction Survey
 Usability Testing (e.g., Website or Software) Small Discussion Group
 Focus Group Other: _____.

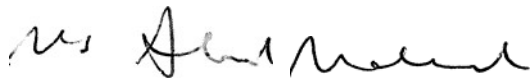
CERTIFICATION:

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:



Dr. Md. Abdul Mabud,

Director, Scientific Services Division.

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

Personally Identifiable Information: Check appropriate boxes.

1. Is personally identifiable information (PII) collected? Yes 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 N/A
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No N/A

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 ¹
State Government	150	0.25	37.5 hours
Private Sector	50	0.25 hours	12.5 hours
Totals	200	0.25 hours	50 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$400.00.

¹ Under the OMB regulations at 5 CFR 1320.3(c)(4), Federal employees are not included in the burden calculation required for information collections under the Paperwork Reduction Act. (TTB estimates that 200 Federal employees will respond to this survey.)

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

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.

On a quarterly basis, SSD plans to compile a list of TTB Laboratory reports processed along with the recipient's email address, held in the Laboratory Information Management System (LIMS) and Formulas Online system. This list will predominantly contain email addresses of individuals who are private sector alcohol or tobacco permit holders, members of State law enforcement agencies, and employees of TTB or other Federal government agencies. However, this list may also contain email addresses of individuals who are otherwise associated with permit or notice holders, such as private consultants and attorneys. SSD will examine the overall list and any duplicate email addresses will be removed. The number of surveys distributed will not exceed 100 customers per quarter.

Once the list of email addresses is perfected, SSD plans to send a copy of the survey to all email addresses on the list. The recipients who complete the survey will return them to the TTB Laboratory via a return email address. The TTB Laboratory will then review and evaluate the survey results.

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: Surveys will be sent and returned via email.

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”

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:

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.