Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2010-0042)

TITLE OF INFORMATION COLLECTION: Post-Webinar Survey of Trainees Monitoring the EPA Region 5 Advanced Worker Protection Standard Inspector Training

PURPOSE:

A two part webinar is to be provided to all the field State pesticide inspectors on conducting inspections of agricultural establishments under the federal Worker Protection Standard. This two-part webinar is hosted by the EPA Center for Integrated Pest Management (IPM). This regulation was revised in 2015 and full implementation because effective January 2018. The State regulators asked for additional training on this topic for their inspectors, and EPA Region 5 (Pesticides Section) is fulfilling this need through these two webinars. The webinars are not identical, and monitoring both parts is required to obtain credit for this training. After the webinars, we would like to ask the trainees about their opinions about the usefulness of the training provided, and if they would like additional future training. The webinars will be aired May 17 and May 31, 2018.

DESCRIPTION OF RESPONDENTS:

The respondents to these webinar questions are only State Department of Agriculture pesticide inspectors. These State agencies have primacy through FIFRA to conduct pesticide inspections for use/misuse, as well as conduct marketplace and producing establishment inspections on behalf of EPA. The training only pertains to pesticide use inspections.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software) [] Focus Group	[X] Customer Satisfaction Survey[] Small Discussion 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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

Personally Identifiable Information 1. Is personally identifiable information 2. If Yes, is the information that we privacy Act of 1974? [] Yes 3. If Applicable, has a System or 1974.	nation (PII) collected? vill be collected include [] No	d in records that are su		
Gifts or Payments: Is an incentive (e.g., money or rein participants? [] Yes [X] No	nbursement of expenses	, token of appreciation)) provided to	
BURDEN HOURS				
Category of Respondent	No. of Respondents	Participation Time	Burden Hours	
State Gov Pesticide Inspectors	50	5-15 minutes each (av. ~ .16 hrs per trainee)	8 hrs total for all trainees	
Totals	50	10	8	
FEDERAL COST: The estimated annual cost to the Federal government is\$0.0 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 [] No				
If the answer is yes, please provide the answer is no, please provide a c respondents and how you will selec	lescription of how you լ			
Administration of the Instrumen 1. How will you collect the inform [X] Web-based or other form [] Telephone [] In-person [] Mail	nation? (Check all that a	apply)		

Please make sure that all instruments, instructions, and scripts are submitted with the request.

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

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.

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.

Please make sure that all instruments, instructions, and scripts are submitted with the request.			