## Attachment 5 -Assessment of Chemical Exposures (ACE) Investigations Burden Memo (0923-0051)

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)								
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Data Collection	Type of Respondent	Number of	Number of	Burden per	Total Burden
Instrument Name	(e.g., general public, health care providers, responders, employees of the company)	Respondents (A)	Responses per Respondent (B)	Response (minutes) (C)	(in minutes; A x B x C)