# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0923-0047)

**TITLE OF INFORMATION COLLECTION:** Usability Assessment of CRC SimPLER - Community Reception Center Simulation Program for Leveraging and Evaluating Resources

**PURPOSE:** The purpose of this information collection is to perform Usability Assessment Testing of the user interface of the Community Reception Center Simulation Program for Leveraging and Evaluating Resources (CRC SimPLER). CRC SimPLER is a calculator-like tool that has been developed to assist radiation emergency planners with understanding their resource needs and capacity to perform screening and decontamination activities at a community reception center which would be set-up in the event of a radiation emergency. Potential respondents will be pulled from a group of federal and state employees who have partnered with us in the past on other radiation planning and preparedness projects. CDC will send an email describing the nature of the project, why we are looking for participants, what they will be asked to do, and how that data will be used. If they reply and say they would like to participate and give their consent, a Skype interview date will be set with them. Participants will be interviewed individually, and their answers recorded by CDC.

The goal of this tool is to have a platform that is easy to use and provide key information in a way that is intuitive and useful to radiation emergency planners. To determine if the goal of the tool has been met, it is key to perform usability assessment of the tool. Information collected will not be published and will only be used to improve the tool.

### **DESCRIPTION OF RESPONDENTS:**

Respondents will be federal and state radiation emergency planners or those who work closely with radiation emergency planners.

TYPE OF COLLECTION: (Check one)	
[ ] Customer Comment Card/Complaint Form [X] Usability Testing (e.g., Website or Software) [ ] Focus Group	[ ] 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 not 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.

Name:	

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

### **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [X] Yes [] No [NCEH will send out an invitation email from a list of federal and state employees who have partnered with us in the past on other radiation planning and preparedness projects. They will be asked to contact CDC to indicate they would like to participate in the usability assessment. Their contact information will be used to schedule their session.]
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No [NCEH will not retrieve the usability assessment records by participant PII, such as name or email address. We will not record PII in Attachment B.]

If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

A SORN is not applicable.

### **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
Radiation Emergency Planning Workers	25	90/60	38 hours
Totals			38 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1471.74, based on 38 hours of FTE time. The hourly wage for a GS-12 employee is \$38.73.

## 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?
	[X] 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?

Potential respondents will be pulled from a group of federal and state employees who have partnered with us in the past on other radiation planning and preparedness projects. They will be sent an email describing the nature of the project, why we are looking for participants, what they will be asked to do, and how that data will be used. If they reply and say they would like to participate, a Skype interview date will be set with them. The email invitation to participate is provided as Attachment A.

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	
[X] Other, Explain: The User Acceptance Testing (UAT) will be a	conducted by Skype
Interview.	
2. Will interviewers or facilitators be used? [X] Yes [ ] No	
Please make sure that all instruments, instructions, and scripts are surequest.	bmitted with the
List of Attachments	
Attachment A Email to invite participants	
Attachment B User Testing Script and Questionnaire	
Attachment C Screenshots of CRC SimPLER Tool	
Attachment D STARS Research/PRA Determination	

## 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.