

**Post-Hazard Event Field Study in [city, state]**  
**Business Recovery Survey**  
**Consent Script**  
OMB CONTROL NO. 0693-0078 Expiration date: 07/31/2019

Hello, my name is *[interviewer name]* and I am a researcher from *[name of university, CISA, or National Institute of Standards and Technology]* in the *[department name/ Laboratory name]*. We are conducting a research study on business recovery following the *[natural hazard even type]* that occurred in *[location city, state]* during *[dates of event and event name]*.

I'd would like to speak with you about how this event affected your business or place of employment. In particular, we are interested in learning about your experience resuming normal operations after this event.

This study is part of a larger project led by **{LIST ENTITIES RELEVANT TO NIST, NOAA, NWS}. Relevant contact information for each location.**

We would like to ask you some brief survey questions about your business' experience after *[disaster event name/type]* , as well as some details about your business during the time of a disaster event. Participation will take approximately fifteen to twenty minutes, Your participation is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time.

We will be collecting information about the damage to this business, the repair process, and how the disaster event disrupted the business' employees, supply chain, and revenue. When we report and share our findings, we will combine the data from all participants into summary statistics and tables so no unique individual or business can be identified. There are NO KNOWN RISKS or direct benefits to you. We hope to gain more knowledge on how you and others were affected by disaster events in this area, so that we can learn from your experiences to help communities better prepare for similar events in the future.

So again, we would like to speak with **an owner or manager of this business that was here at the time of [insert event name] OR someone who knows about what happened to the business** around that time. **Would that person be you? And are you willing to participate?**

*This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. For this collection, the OMB Control number is:0693-0078 with an expiration date: July 31, 2019. Public reporting burden for this collection is estimated to be 15 minutes per survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Dr. Jennifer Helgeson, NIST, 100 Bureau Drive, MS 8603, Gaithersburg, MD 20899-1710, telephone 301-975-6133, or via email:jennifer.helgeson@nist.gov.*