

**Request for Approval under the "Fast Track Generic Clearance for the
Collection of Routine Customer Feedback" (OMB Control Number: 0704-0553)**

TITLE OF INFORMATION COLLECTION:

PURPOSE: Air Force Combined Mishap Reduction System (AFCMRS) is a safety culture survey designed to provide commanders with information about his/her unit and the safety culture. The results are only made available to the requesting commander, and the purpose of the survey is to identify gaps and mitigate risk.

DESCRIPTION OF RESPONDENTS: All personnel in a unit when a commander requests a survey to include Active Duty, Guard, reserve, GS/NAF, and contract employees only if/when contract allows the employees to participate in approved surveys or if/when the employer has given express written permission (and of course following approval in this process). This iteration is a Group commander requesting to survey his OPS and MX units, with all maintenance personnel being contractors.

TYPE OF COLLECTION: (Check one)

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Safety Culture Survey</u> |

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: Nancy B. [Signature]

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

Personally Identifiable Information:

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
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

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
Individuals or Households (Federal Contractors)	300	12 minutes	60 hrs
Totals			

PUBLIC COST: The estimated annual cost to the public is \$435.00

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 [X] 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?

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - [X] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person
 - [] Mail
 - [] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] 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”
