**“Survey on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice and Retail Food Stores Facility Types”**

**(OMB Control Number 0910-0799)**

**CHANGE REQUEST (83-C)**

**Date: September 12, 2019**

We received OMB approval for ICR [0910-0799] – Survey on theOccurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice and Retail Food Stores Facility Types on 9/6/18 for a period of 3 years. The new expiration date of this collection of information is September 30, 2021. This request proposes a change to the estimated burden to accommodate staffing/data collector shortages and a shift to focus only on a subset of the data to be collected. In this collection, data was approved to be collected in retail food stores (deli, seafood, and produce departments), healthcare facilities (hospitals and nursing homes), and schools. Baseline data indicated similarities between these industry segments and reduced staffing has caused a reprioritization of workplan hours. FDA has decided to focus solely on data collection in the deli departments of the retail food stores only and cease collection in healthcare facilities and schools. Additionally, due to staffing issues we propose to expand the sampling data collection catchment areas for each data collector from 150 miles to 175 miles to bring the national percentage of establishments eligible to be sampled to 55%.

The decision to reduce burden by not collecting information from certain establishments was recommended by the National Retail Food Executive Leadership Alignment Team (ELAT), which includes Glenda Lewis (Director, CFSAN Retail Food Protection), Laurie Farmer (Director, ORA Office of State Cooperative Programs (OSCP)), Alan Tart (Deputy Director, ORA Office of Partnerships), and John Stoll (Director Office of Training, Education and Development), with the final decision determined by Laurie Farmer, OSCP Director. This decision will be reevaluated for future data collections scheduled to occur in 2023, dependent on staffing/resource shortages while also considering data supporting any changes.

Table 1 shows the burden estimates that were approved by OMB on 9/6/18.

| Table 1.—Initial Estimated Annual Reporting Burden |
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| Activity | No. of Respondents | No. of Responses per Respondent | Total Annual Responses | No. of Non-Respondents | No. of Responses per Non-Respondent | Total Annual Non-Responses | Average Burden per Response | Total Hours |
| 2019-2020 Data Collection (Healthcare Facilities)--Completion of Sections 1 and 3  | 400 | 1  | 400 | - | - | - | 2.5 | 1,000 |
| 2019-2020 Data Collection (Schools)--Completion of Sections 1 and 3 | 400 | 1 | 400 | - | - | - | 2 | 800 |
| 2019-2020 Data Collection (Retail Food Stores)--Completion of Sections 1 and 3 | 400 | 1 | 400 | - | - | - | 3 | 1,200 |
| 2019-2020 Data Collection-Completion of Section 2--All Facility Types | 1,200 | 1 | 1,200 | - | - | - | 0.5(30 minutes) | 600 |
| 2019-2020 Data Collection-Entry Refusals--All Facility Types | - | - | - | 24 | 1 | 24 | 0.08(5 minutes) | 1.92 |
| Total | 3,601.92 |

The proposed revisions to this collection of information are expected to decrease burden for its healthcare and school industry stakeholders because their facility types will not be visited at all during this data collection period. (See table 2, below for details.)

The Retail Food Specialist data collectors are expected to have an increased travel burden of up to 25 miles to visit each Retail Food Store deli, but this will be more than offset by the reduction of the healthcare and school facility types in addition to the removal of the produce and seafood markets within retail food stores. The increased travel burden is necessary to bring the national percentage of establishments eligible to 55%.

These proposed changes will allow us to conduct the best quality study in the selected facility type with the resources and staffing that are currently available.

| Table 2.—Revised Estimated Annual Reporting Burden1 |
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| Activity | No. of Respondents | No. of Responses per Respondent | Total Annual Responses | No. of Non-Respondents | No. of Responses per Non-Respondent | Total Annual Non-Responses | Average Burden per Response | Total Hours |
|  |  |  |  |  |  |  |  |  |
| 2019-2020 Data Collection (Retail Food Stores) Completion of Sections 1 and 3 | 400 | 1 | 400 | - | - | - | 3 | 1,200 |
| 2019-2020 Data Collection-Completion of Section 2--All Facility Types | 400 | 1 | 400 | - | - | - | 0.5(30 minutes) | 200 |
| 2019-2020 Data Collection-Entry Refusals--All Facility Types | - | - | - | 8 | 1 | 8 | 0.08(5 minutes) | .64 |
| Total | 1,400.64 |

A breakdown of changes to industry burden: The proposed collection of Deli data only is expected to result in an estimated decrease of -2201 hours for the industry.

* Removing healthcare facilities: expected decrease of -1000 hours (400 collections x 2.5 hours per collection)
* Removing schools: expected decrease of -800 hours (400 collections x 2 hours per collection)
* No change to industry burden for retail food stores completion of sections 1 and 3 (row 1 in the table above)
* Removing schools and healthcare facilities also reduces the completion of section 2 for all facility types by 400 hours (-800 responses x .5 hours per response)
* We would anticipate per our estimate of a 0.5% refusal rate that we would have a reduction in the refusals from 24 to 8 (a decrease of -16 refusals) for a -1.28 hour reduction due to refusals (8 refusals x 5 minutes per refusal)

Additionally, we are attaching the data collection form for your reference. While there have been no changes to the form for additional new material, the form was shortened to include only collections for retail food store deli departments. The references/pages of the form which were used to collect information for healthcare facilities and schools have been removed. The original submission to OMB for this collection included a 29-page data collection form for all facility types and the revised form containing only deli collection is 16 pages.