**Attachment 12. Burden Memo for Poison Center Collaborations for Public Health Emergencies**

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|  |
| --- |
| GenIC No: |
|  |  |
| Title of Investigation: |  |
| Purpose of Investigation: (Use as much space as necessary) |  |
| Duration of Data Collection |  |
|  Date Began: |  |
|  Date Ended: |  |
| Lead Investigator |  |
|  Name: |  |
|  CIO/Division/Branch: |  |
|  E-mail Address: |  |
|  Telephone No.: |  |
|  Mail Stop: |  |

**Complete the following for each instrument used during the investigation.**

**Data Collection Instrument 1**

*Name of Data Collection Instrument:*

*Type of Event (check all that apply)*

 [ ] Natural or man-made disaster

 [ ] Contaminated food or water

 [ ] New or existing consumer product

 [ ] Emerging health threat

 [ ] Other: [describe]

*Poison Centers Involved in the Investigation (states included)*

*Response Rate (if applicable)*

|  |  |
| --- | --- |
|  Total No. Responded (A): |  |
|  Total No. Sampled/Eligible to Respond (B): |  |
|  Response Rate (A/B): |  |

 **(Additional Data Collection Instrument sections may be added if necessary.)**

**Complete the following burden table. Each data collection instrument should be included as a separate row.**

*Burden Table (insert rows for additional respondent types if needed)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Instrument Name | Type of Respondent  | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden (in minutes; A x B x C) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: NCEHOMB@cdc.gov).