

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

**Attachment 12. Burden Memo for Poison Center Collaborations for Public Health Emergencies (OMB Control No. 0920-1166, expiration date 02/29/2020)**

---

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](mailto:NCEHOMB@cdc.gov)).