

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB#: 0925-0648, Exp. Date: 05/31/2021)**

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**TITLE OF INFORMATION COLLECTION: 2019 Occupational Illness and Injury  
Prevention Survey**

**PURPOSE:**

To monitor the perception of illness and injury prevention activities and attitudes at the National Institutes of Health. This data will be used to identify focus areas and future Division of Occupational Health and Safety Initiatives. This survey was conducted in 2015 to set baseline data and follow-up surveys are planned for every 3-4 years.

**DESCRIPTION OF RESPONDENTS:**

NIH employees and 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>Perception Survey</u> |

**CERTIFICATION:**

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.

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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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice 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

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

**ESTIMATED BURDEN HOURS and COSTS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Time per Response (in hours)</b>	<b>Total Burden Hours</b>
Individual (Federal Government Employee and Contractor)	3,500	1	5/60	292
<b>Totals</b>		3,500		<b>292</b>

<b>Category of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate*</b>	<b>Total Burden Cost</b>
Individual (Federal Government Employee and Contractor)	292	\$27.62	\$8,065.00
<b>Totals</b>			<b>\$8,065.00</b>

\*\*Cite source per bls.gov if applicable: [http://www.bls.gov/oes/2017/may/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/2017/may/oes_nat.htm#00-0000))

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$2,054.00.**

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Manager	O-5	\$92,290	.01		\$923
Industrial Psychologist	13/6	\$113,132	.01		\$1,131
<b>Contractor Cost</b>					
	NA				
Travel	NA				
Other Cost	NA				
<b>Total</b>					\$2054

[\\*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2018/general-schedule/](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2018/general-schedule/)

**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**

- 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       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?

The customer list is [NIH-STAFF@LIST.NIH.GOV](mailto:NIH-STAFF@LIST.NIH.GOV) email group. The survey will be sent to all NIH personnel included on [NIH-STAFF@LIST.NIH.GOV](mailto:NIH-STAFF@LIST.NIH.GOV) email group.

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain
- Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**END OF SURVEY**