

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

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**TITLE OF INFORMATION COLLECTION:** Webinar questions in the OLAW Online Seminar entitled “Building a Research Occupational Health Program” to be held March 12, 2020

**PURPOSE:** To update stakeholders on how to develop a research occupational health and safety program that meets the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, the *Guide for the Care and Use of Laboratory Animals*, and other requirements as applicable.

**DESCRIPTION OF RESPONDENTS:**

Responses are voluntary responses by attendees of the live webinar. Questions and interactions with the audience is part of an active learning pedagogical methodology used to improve adult learning by stimulating interest. Attendees generally include personnel from PHS Assured institutions and USDA regulated research facilities.

**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>Web Polling</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary. True
2. The collection is low-burden for respondents and low-cost for the Federal Government. True
3. The collection is non-controversial and does not raise issues of concern to other federal agencies. True
4. The results are not intended to be disseminated to the public True
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions. True
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. True

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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 Not applicable
3. If Applicable, has a System or Records Notice been published?  Yes  No Not applicable

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**ESTIMATED BURDEN HOURS and COSTS**

Private sector	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private Sector (For Profits and Not-For-Profits)	300	1	1/60	5
<b>Totals</b>		<b>300</b>		<b>5</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Private Sector	5	\$27.60	\$138.00
<b>Totals</b>			<b>\$138.00</b>

\*\*\*\*Bls.gov Occupational Employment and Wages, May 2018  
[https://www.bls.gov/oes/2018/may/oes\\_nat.htm#19-0000](https://www.bls.gov/oes/2018/may/oes_nat.htm#19-0000)

**FEDERAL COST: \$1,406.32**

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Analyst	14/7	\$140,632	1%		\$1,406.32
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$1,406.32</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>

**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  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)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Web polling which allows participants to communicate responses via the Internet, typically by completing a questionnaire in a web page.
2. Will interviewers or facilitators be used?  Yes  No

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