

**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: Safety Communication Campaign**

**PURPOSE:**

The Division of Occupational Health and Safety is focused on enhancing safety and well-being among employees working on NIH campuses. The DOHS is currently undertaking a safety communication campaign to promote enhanced commitment to safe actions and behaviors in the workplace. To most effectively tailor our campaign to NIH employees, we plan to gather more information about employee thoughts, perceptions, and behaviors related to workplace safety.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be anyone who is currently an employee within the NIH community. This will primarily include federal employees and contractors who work on the Bethesda campus, but may also include individuals who work at satellite campuses.

**TYPE OF COLLECTION: (Check one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" 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 type="checkbox"/> Other: _                                |

**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.

Name: Carolyn Lagoe

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] No

**Gifts or Payments:**

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

It is possible that a small token of appreciation will be provided to respondents such as a magnet or other basic material.

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals*	100	1	30/60	50
<b>Totals</b>		<b>100</b>		<b>50</b>

\*Note: The individuals will be a mix of contractors, fellows, interns, and other who are non-Federal employees.

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	50	\$24.98	\$1,249.00
<b>Totals</b>			<b>\$1,249.00</b>

\*\*The Mean Hourly Wage Rate was obtained from Bureau of Labor Statistics, title “All-Occupations” 00-0000, [https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,048.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Administrative Manager	14/8	\$149,621	.005		\$748.00
<b>Contractor Cost</b>		\$60,000	.005		\$300.00
Travel					\$1,000
Other Cost					\$0
<b>Total</b>					\$2,048.00

\*\*<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2020/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**

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?

Convenience sampling will be used for this research project. We will be reaching out to potential participants through multiple processes. First, the researcher will set up a table outside of a campus cafeteria and ask people to participate in a short interview. [Script 1]

Second, Safety Specialists will send out an email to their IC's to see if any of their clients would be willing to participate. [Email 1]

Third, members of the Occupational Safety and Health Committee will send out emails to their campus connections to see if any of them would be willing to participate. [Email 2]

**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, Explain

2. Will interviewers or facilitators be used?  Yes  No –  
 The researcher is the only interviewer who will be participating.

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