

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

Five-year dispensing full-scale exercise for each point of dispensing site exercised

For each POD exercised

- a. Name of POD
- b. List current POD first shift management or lead staff
- c. Security staff exercised (yes or no); if yes, number of security staff who participated

Public reporting burden of this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).