



Request for Approval under NASA's "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2700-0153)

<b>1. Title of information collection</b>	NMIS User Survey
<b>2. Purpose</b>	NASA Safety Center Application Development Team is planning for the development of the next generation NMIS application. NMIS is the Agency system of record for collecting incident (mishap and close call) data. <a href="https://nasa.gov">NMIS (nasa.gov)</a> The purposed of this survey is to get stakeholder feedback from all of our NMIS users (NASA civil servant and NASA contractor) in preparation for our new NMIS application development that we plan to begin starting FY2024 and on into the next two years.
<b>3. Description of respondents</b>	1200-1300 active NMIS Users (NASA civil servant and NASA contractors), of which about 400 are NASA contractors.

**4. Type of collection** (check one)

<input checked="" type="checkbox"/> Customer comment card/complaint form	<input type="checkbox"/> Customer satisfaction survey
<input type="checkbox"/> Usability testing (e.g., website, software)	<input type="checkbox"/> Small discussion group
<input type="checkbox"/> Focus group	<input type="checkbox"/> Other:

**5. Personally identifiable information**

Will PII be collected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>If yes:</b> will any information that is collected be included in records that are subject to the Privacy Act of 1974?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes:</b> has an up-to-date System of Records Notice (SORN) been published?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Gifts or payments**

Is an incentive provided to participants? (e.g., money, reimbursement of expenses, token of appreciation)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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**7. Burden time per response**

Category of respondent	Number of respondents	Participation time (list in minutes)	Burden time
NASA Contractors	419	5	2095 min
NASA Civil Servants	830	5	4150 min
Total	<b>1249</b>		<b>104 hours</b>

**8. Federal cost** (Typically listed as the total burden time in hours x \$30 = federal cost. This includes: printing, shipping, IT, contracting, and does not include salaries)

The estimated annual cost to the federal government is 104 hours X \$30 = \$3,120.00
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**9. The selection of your targeted respondents**

Do you have a customer list or similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes,</b> please provide a description of both below (attach a sampling plan if available). The NMIS application tracks all active users. NMIS users get their access to NMIS through NAMS request, so		



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they request to have access to the NMIS application. We will email all active NMIS user hoping to receive a 20% response rate.

**If no**, please provide a description of how you plan to identify your potential group of respondents and how you will select them.

**10. Administration of the instrument** (check all that apply)

<input checked="" type="checkbox"/> Web-based	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person	<input type="checkbox"/> Mail
<input type="checkbox"/> Other, please explain: Email all active NMIS users an explanation for purpose of survey along with URL to SurveyMonkey.			
Will interviewers or facilitators be used?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Please provide the URL: Preview Survey link: <a href="https://www.surveymonkey.com/r/Preview/?sm=gM8ua6KfhrN0Z1rFJ7x8l6kfJC_2Byiv_2FzDa04XA8p7PlsIsTWK4W5GE6l6k_2BRRKcu">https://www.surveymonkey.com/r/Preview/?sm=gM8ua6KfhrN0Z1rFJ7x8l6kfJC_2Byiv_2FzDa04XA8p7PlsIsTWK4W5GE6l6k_2BRRKcu</a>			
Actual Live Survey link: <a href="https://www.surveymonkey.com/r/NMIS-User-Survey">https://www.surveymonkey.com/r/NMIS-User-Survey</a>			

**11. Certification.** Please certify the following to be true

<p><input checked="" type="checkbox"/> The collection is voluntary.</p> <p><input checked="" type="checkbox"/> The collection is low-burden for respondents and low-cost for the Federal Government.</p> <p><input checked="" type="checkbox"/> The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.</p> <p><input checked="" type="checkbox"/> The results are <u>not</u> intended to be disseminated to the public.</p> <p><input checked="" type="checkbox"/> Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.</p> <p><input checked="" type="checkbox"/> 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.</p>
Name: Ingrid Wagner
Center, division, & program: GRC, NB00, NASA Safety Center, Knowledge Sharing and Analysis Office

**12. Besides completing this fast-track form, return the following to the PRA Team:**

- Please provide as Word files:
- Completed fast-track form
  - Screenshots of your collection instrument
  - Text of your collection instrument
  - Include any transmittal email, or other mechanisms, that you plan to inform recipients with



## Instructions for completing the fast-track form

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**1. Title of information collection:** Provide the name of the collection that is the subject of the request (e.g., Comment Card for Soliciting Feedback on Annual Meeting).

**2. Purpose:** Provide a description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**3. Description of respondents:** Provide a description of the targeted group or 2 groups for this collection. These groups must have experience with the program.

**4. Type of collection:** If you are requesting approval of other instruments under the generic IC, you must complete a form for each instrument.

**5. Personally identifiable information:** Agencies should only collect PII to the extent necessary and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**6. Gifts or payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### 7. Burden hours:

**Category of respondents:** Identify who you expect the respondents to be in terms of the following categories: 1) individuals or households; 2) private sector; 3) state, local, or tribal governments; or 4) US federal government. Only one type of respondent can be selected per row.

**Number of respondents:** Provide an estimated number.

**Participation time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g., how much time will it take to fill out the survey or participate in a focus group). Provide the annual burden hours. Multiply the number of respondents and the participation time then divide by 60.

**8. Federal cost:** Provide an estimate of the annual cost to the Federal government.

**9. The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If you answered yes to the first question, please provide the sampling plan as an attachment.

**10. Administration of the instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used. Please list the URL here for an online survey.

**11. Certification:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or be disapproved.



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- 12.** Submit all instruments and scripts with the request.