

**Request for Approval under the “DOL Departmental Generic Clearance for  
the Collection of Routine Customer Feedback”  
(OMB Control Number: 1225-0059)**

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**TITLE OF INFORMATION COLLECTION:**

2024 National Heat Photo Contest Submission Form

**PURPOSE:**

Employers need assistance developing and delivering clear messages about the risks of extreme heat and actions they can take to stay safe and provide healthy workplaces to ensure worker safety. Highlighting the dangers of this silent workplace hazard is an important first step in educating workers and supervisors on how to prevent and recognize when heat is affecting worker’s health and safety. Since heat illness is a true medical emergency, planning and preparing for heat illness is essential to increase the chances of a positive outcome. OSHA is sponsoring a nationwide photo contest to highlight and showcase the effective strategies that stakeholders are using to protect workers from the heat. OSHA wants stakeholders to see heat safety in action and be encouraged to adopt similar practices. There are many types of images that would be appropriate for this contest.

**DESCRIPTION OF RESPONDENTS:**

OSHA is encouraging submissions from any industries or individuals who have an interest in heat-related hazards in the workplace. This contest is open to any stakeholder, including private citizens, individual businesses, associations, trade groups, worker centers, unions, state and local governments, non-profit organizations, educational institutions, research groups, among others.

**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>Contest</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.

Name: Pamela Barclay, Director, Office of Technical Feasibility

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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  No

- Winners will receive a Challenge Beat the Heat Coin
- Winners will be publicized on OSHA.gov, Quick Takes, social media, and *The Heat Source* Newsletter

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (In hrs.)	Total Burden
Individuals or Households	10	7/60	1 hour
Private Sector	80	7/60	9 hours
State, local, or tribal governments	10	7/60	1 hours
<b>Totals</b>	<b>100</b>		<b>12* hours</b>

\*Revised due to ROCIS rounding.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$21,800.

**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, Explain
2. Will interviewers or facilitators be used?  Yes  No