

**Request for Approval under the "DOL Generic Clearance for  
Improving Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1225-0093)**

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**TITLE OF INFORMATION COLLECTION:** Post-Transaction VPP Reapproval Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

OSHA is deploying a post-transaction survey to collect feedback from current Voluntary Protection Programs participants on the Reapproval Process in the VPP. The survey will ensure that OSHA hears feedback from VPP participants on their experience in the program. This survey will allow OSHA to identify friction points in the program, as well as areas of excellence. This survey will help us create action items to better meet the needs of the participants.

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

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
  - Yes
  - No
  - Not a survey
  
2. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media (TouchPoints)
  - Telephone
  - In-person
  - Mail
  - Other, Explain
  
3. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

There are currently 1,169 active VPP sites across the country. Every year, roughly 300 of these sites go through a reapproval process. This includes an on-site evaluation and report. We will send these post-transactional surveys to these sites after they complete the reapproval process and have been officially reapproved to the program.

4. How will you ask a respondent to provide this information? *(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

We will send the survey through email, linking to the TouchPoints survey:  
(<https://touchpoints.app.cloud.gov/touchpoints/8aee3106/submit>). OSHA has contact information for the site manager of the VPP site that has just completed the reapproval process. They will be sent an email from an OSHA employee, explaining the purpose of the survey and include the TouchPoint link.

5. What will the activity look like? *Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

VPP Participants will be contacted through email. They'll be able to click on a survey link that is embedded in the email. Respondents will then be directed to the reapproval TouchPoint survey.

6. Please provide your question list.

*Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.*

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

Please see attached.

7. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

The survey will be targeted for release once we have PRA approval and will be sent out to reapproved participants throughout the year as they complete the reapproval process. Each VPP reapproval participant will receive one email with the survey link, and one follow-up email with the survey link.

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

If Yes, describe:

XXX

### **BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time (In Hours)</b>	<b>Total Burden Hours</b>
Reapproved VPP Participants annually (Business or other for-profit worksites/private sector)	300	.1	30
<b>Totals</b>	<b>300</b>		<b>30</b>

### **CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;

2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name: Sherman Williamson

**All instruments used to collect information must include:**

***In the top right-hand corner of the first page of form:***

**Form Approved**

**OMB Control No. 1225-0093**

**Expiration Date: 1/31/27**

**Across the bottom of the first page of form:**

**Public reporting burden for this survey is estimated to average 6.5 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and submitting the survey. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the Occupational Safety and Health Administration, U.S. Department of Labor, 200 Constitution Ave NW., Suite N3621, Washington, DC 20210-4537] or and reference OMB control number 1225-0093. NOTE: Please do not send your completed OMB No.: 1225-0093 to this address.**

**HELP SHEET**  
**(OMB Control Number: 1225-0093)**

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**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 xxxx)

**PURPOSE:** Provide a brief 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.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

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

**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.

**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) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.