

Attachment 13. Burden Memo for Poison Center Collaborations for Public Health Emergencies

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GenIC No:

Title of Investigation:

Purpose of Investigation: (Use as much space as necessary)

Duration of Data Collection

Date Began:

Date Ended:

Lead Investigator

Name:

CIO/Division/Branch:

E-mail Address:

Telephone No.:

Mail Stop:

Complete the following for each instrument used during the investigation.

Data Collection Instrument 1

Name of Data Collection Instrument:

Type of Incident (check all that apply)

- Natural or man-made disaster
- Contaminated food or water
- New or existing consumer product
- Emerging health threat
- Other: [describe]

Poison Centers Involved in the Investigation (states included)

Response Rate (if applicable)

Total No. Responded (A):

Total No. Sampled/Eligible to Respond (B):

Response Rate (A/B):

(Additional Data Collection Instrument sections may be added if necessary.)

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table (insert rows for additional respondent types if needed)

| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden (in minutes; A x B x C) |
|---------------------------------|--------------------|---------------------|----------------------------------|------------------------------------|--------------------------------------|
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Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to NCEH/ATSDR PRA contact at NCEHOMB@cdc.gov.