# Attachment 5 –Assessment of Chemical Exposures (ACE) Investigations Burden Memo (0923-0051)

1. ACE Investigation GenIC No.: _____

2. Title of Investigation: _____

3. Chemical Incident Investigated: _____
_____
_____

4. Date of Investigation: Beginning: _____
End: _____

5. Name, CIO, and Contact Information of Lead Investigator:

_____

**Complete this section for <u>each</u> instrument used during the investigation.**

**Data Collection Method (check all that apply):**

☐ Questionnaire:
- ☐ Face-to-face Interview
- ☐ Telephone Interview
- ☐ Self-administered Paper and Pencil
- ☐ Self-administered Internet

☐ Focus Group
☐ Medical Chart Review
☐ Hospital Survey
☐ Laboratory Sample
☐ Other (please specify):

**Response Rate (if applicable):**

Total No. Responded (A): _____
Total No. Sampled/Eligible to Respond (B): _____
Response Rate (A/B): _____

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

| Data Collection Instrument Name | Type of Respondent (e.g., general public, health care providers, responders, employees of the company) | Number of Respondents (A) | Number of Responses per Respondent (B) | Burden per Response (minutes) (C) | Total Burden (in minutes; A x B x C) |
|---|---|---|---|---|---|
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