

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part II: Information Collection Detail

1. Title of Information Collection: Emission Guidelines for Hospital/Medical/Infectious Waste Incinerators (40 CFR Part 60, Subpart Ce)

2. Is this a common form?

- Yes
 No

(Select, Yes, to identify forms that EPA is willing to host for potential use by other Federal Agencies.)

3. Obligation to respond (check one):

- Voluntary
 Required to obtain or retain benefits
 Mandatory

Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category.

4. Frequency of reporting

(only to be completed if there are reporting requirements, check all that apply):

- Hourly
 Daily
 Weekly
 Monthly
 Quarterly
 Semi-annually
 Annually
 Every Decade
 Biennially
 On Occasion
 Once

5. CFR Citation(s) for the information collection under review (if applicable):

Title: Emission Guidelines and Compliance Times for Hospital/Medical/Infectious Waste Incinerators; Proposed Rule; Amendments

Citation: 40 CFR Part 60, Subpart Ce

Title:	Citation:
Title:	Citation:
Title:	Citation:

6. Information Collection Instruments/Forms (if applicable):

Form/Instrument must be submitted to OEI as a separate attachment.

Form Name	EPA Form #	URL (required if electronic)	Is this collection instrument/form available electronically?		If yes, can this collection instrument/form be submitted electronically?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Federal Enterprise Architecture Business Reference Model

Line of Business (check one):

Subfunction (check one):

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Environmental Monitoring and Forecasting <input type="checkbox"/> Environmental Remediation <input type="checkbox"/> Pollution Prevention and Control <input type="checkbox"/> None
<input checked="" type="checkbox"/> Environmental Management	
<input type="checkbox"/> Health	
<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Illness Prevention <input type="checkbox"/> Immunization Management <input type="checkbox"/> Public Health Monitoring <input type="checkbox"/> Health Care Services <input type="checkbox"/> Consumer Health and Safety <input type="checkbox"/> None <input type="checkbox"/> Water Resource Management <input type="checkbox"/> Conservation, Marine and Land Management <input type="checkbox"/> Recreational Resource Management and Tourism <input type="checkbox"/> Agricultural Innovation and Services <input type="checkbox"/> None

IMPORTANT: Part II must be completed for each Information Collection (IC) activity associated with the ICR. Please be sure that you copy this portion of the template as many times as necessary so that each IC has its own Part II submission. For more information on how to break your ICR into ICs, please see OMB's ROCIS IC Q&A, located at: <http://intranet.epa.gov/icrintra/download.html>. In addition, please reference OEI's ROCIS instructions at: <http://intranet.epa.gov/icrintra/download.html>

Note: Most EPA ICRs will be aligned with the Environmental Management FEA Line of Business. Other likely categories are also listed. For a full listing of the FEA Business Reference Model categories and definitions, see: http://www.whitehouse.gov/omb/egov/documents/FY07_Ref_Model_Mapping_QuickGuide.pdf

8. Privacy Act System of Records (if applicable):

Title:

Federal Register Citation: Volume: Page number: Publication date: _____

9. Respondents

Total number: 72
 Small entity number: 4
 Percentage of responses collected electronically: 15

Affected Public (choose one):

- Individuals or households
- Private Sector (if private sector, check all that apply)
 - Business or other for-profit
 - Not-for-profit institutions
 - Farms
- State, Local, or Tribal Governments
- Federal Government

Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category. Note: Selecting multiple subcategories within the Private Sector will not affect the number of ICs required.

10. Frequency: How often on average will each respondent respond to the Information Collection?

- Number of Responses per Respondent: 7.8
 Per (select the most appropriate time period for this collection)
- Hour (24 per day, 8736 per year)
 - Business Hour (40 per week, 2080 per year)
 - Day (7 per week, 365 per year)
 - Business Day (5 per week, 260 per year)
 - Week (52 per year)
 - Month (12 per year)
 - Semi-Annual (2 per year)
 - Year
 - Decade (.1 per year)

Calculated: Annual Frequency = 7.8
(responses per respondent, per year)

Calculated: Annual Number of Responses = 559

11. Hour and Cost Burden - Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

	Hours per Response	Total Annual Hour Burden	Cost per Response (Capital/Startup and O&M Costs Only)	Total Annual Cost Burden (Capital/Startup and O&M Costs Only)
Reporting	21.78	12174	\$665.00	\$372,040.00
Recordkeeping	32.40	18116	\$659.00	\$368,369.00
Third Party Disclosure	0.00	0.00	\$0.00	\$0.00
Total	54.18	30291	\$1,324.00	\$740,409.00

12. Allocate the change in Burden:

	Total Requested	Change Due to New Statute	Change Due to Agency Discretion	Due to Agency Estimate	Change due to Violation	Currently Approved
Annual Responses	216.00		0.00			216.00
Annual Hour Burden	69067.00		0.00			69067.00
Annual Cost Burden (Capital/Startup and O&M costs only)	\$131,000.00		\$0.00			\$131,000.00

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part II: Information Collection Detail

1. Title of Information Collection: Emission Guidelines for Hospital/Medical/Infectious Waste Incinerators (40 CFR Part 60, Subpart Ce)

2. Is this a common form?

- Yes
 No

(Select, Yes, to identify forms that EPA is willing to host for potential use by other Federal Agencies.)

3. Obligation to respond (check one):

- Voluntary
 Required to obtain or retain benefits
 Mandatory

Only one selection may be made.
 If multiple categories apply, you must create additional ICs to account for the burden associated with each category.

4. Frequency of reporting (check all that apply):

- Hourly
 Daily
 Weekly
 Monthly
 Quarterly
 Semi-annually
 Annually
 Every Decade
 Biennially
 On Occasion
 Once

5. CFR Citation(s) for the information collection under review (if applicable):

Title: Emission Guidelines and Compliance Times for Hospital/Medical/Infectious Waste Incinerators; Proposed Rule; Amendments
 Citation: 40 CFR Part 60, Subpart Ce
 Title: Citation: -
 Title: Citation:
 Title: Citation:

6. Information Collection Instruments/Forms (if applicable):

Form/Instrument must be submitted to OEI as a separate attachment.

Form Name	EPA Form #	URL (required if electronic)	Is this collection instrument/form available electronically?	If yes, can this collection instrument/form be submitted electronically?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Federal Enterprise Architecture Business Reference Model

Line of Business (check one):

Subfunction (check one):

<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Environmental Management	<input checked="" type="checkbox"/> Environmental Monitoring and Forecasting <input type="checkbox"/> Environmental Remediation <input type="checkbox"/> Pollution Prevention and Control <input type="checkbox"/> None
<input type="checkbox"/> Health	<input type="checkbox"/> Illness Prevention <input type="checkbox"/> Immunization Management <input type="checkbox"/> Public Health Monitoring <input type="checkbox"/> Health Care Services <input type="checkbox"/> Consumer Health and Safety <input type="checkbox"/> None
<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Water Resource Management <input type="checkbox"/> Conservation, Marine and Land Management <input type="checkbox"/> Recreational Resource Management and Tourism <input type="checkbox"/> Agricultural Innovation and Services <input type="checkbox"/> None

IMPORTANT: Part II must be completed for each Information Collection (IC) activity associated with the ICR. Please be sure that you copy this portion of the template as many times as necessary so that each IC has its own Part II submission. For more information on how to break your ICR into ICs, please see OMB's ROCIS IC Q&A, located at:

Note: Most EPA ICRs will be aligned with the Environmental Management FEA Line of Business. Other likely categories are also listed. For a full listing of the FEA Business Reference Model categories and definitions, see:
http://www.whitehouse.gov/omb/egov/documents/FY07_Ref_Model_Mapping_QuickGuide.pdf

8. Privacy Act System of Records (if applicable):

Title:

Federal Register Citation: Volume: Page number: Publication date: / / _____

9. Respondents

Total number: 23
 Small entity number:
 Percentage of responses collected electronically:

Affected Public (choose one):

- Individuals or households
- Private Sector (if private sector, check all that apply)
 - Business or other for-profit
 - Not-for-profit institutions
 - Farms
- State, Local, or Tribal Governments
- Federal Government

Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category. Note: Selecting multiple subcategories within the Private Sector will not affect the number of ICs required.

10. Frequency: How often on average will each respondent respond to the Information Collection?

- Number of Responses per Respondent: 2.4
 Per (select the most appropriate time period for this collection)
- Hour (24 per day, 8736 per year)
 - Business Hour (40 per week, 2080 per year)
 - Day (7 per week, 365 per year)
 - Business Day (5 per week, 260 per year)
 - Week (52 per year)
 - Month (12 per year)
 - Semi-Annual (.5 per year)
 - Year
 - Decade (.1 per year)

Calculated: Annual Frequency = 2.4
 (responses per respondent, per year)

Calculated: Annual Number of Responses = 55

11. Hour and Cost Burden - Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

	Hours per Response	Total Annual Hour Burden	Cost per Response (Capital/Startup and O&M Costs Only)	Total Annual Cost Burden (Capital/Startup and O&M Costs Only)
Reporting	343.31	18882.00	\$15.00	\$802.00
Recordkeeping	81.00	705.00	\$0.00	\$0.00
Third Party Disclosure	0.00	0.00	\$0.00	\$0.00
Total	356.13	19587.00	\$15.00	\$802.00

12. Allocate the change in Burden:

	Total Requested	Change Due to New Statute	Change Due to Agency Discretion	Due to Agency Estimate	Change due to Violation	Currently Approved
Annual Responses	1.00		1.00			0.00
Annual Hour Burden	0.00		0.00			0.00
Annual Cost Burden (Capital/Startup and O&M costs only)	\$0.00		\$0.00			\$0.00

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part II: Information Collection Detail

1. Title of Information Collection:

<p>2. Is this a common form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Select, Yes, to identify forms that EPA is willing to host for potential use by other Federal Agencies.)</i></p>	<p>3. Obligation to respond <i>(check one):</i></p> <p><input type="checkbox"/> Voluntary</p> <p><input type="checkbox"/> Required to obtain or retain benefits</p> <p><input type="checkbox"/> Mandatory</p> <p>Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category.</p>	<p>4. Frequency of reporting <i>(check all that apply):</i></p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Every Decade <input type="checkbox"/> Biennially <input type="checkbox"/> On Occasion <input type="checkbox"/> Once</p>
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5. CFR Citation(s) for the information collection under review *(if applicable):*

Title:	Citation:
Title:	Citation:
Title:	Citation:
Title:	Citation:

6. Information Collection Instruments/Forms *(if applicable):*
Form/Instrument must be submitted to OEI as a separate attachment.

Form Name	EPA Form #	URL <i>(required if electronic)</i>	Is this collection instrument/form available electronically?	If yes, can this collection instrument/form be submitted electronically?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Federal Enterprise Architecture Business Reference Model

Line of Business <i>(check one):</i>	Subfunction <i>(check one):</i>
<input type="checkbox"/> None <input type="checkbox"/> Environmental Management <input type="checkbox"/> Health <input type="checkbox"/> Natural Resources	<input type="checkbox"/> Environmental Monitoring and Forecasting <input type="checkbox"/> Environmental Remediation <input type="checkbox"/> Pollution Prevention and Control <input type="checkbox"/> None <input type="checkbox"/> Illness Prevention <input type="checkbox"/> Immunization Management <input type="checkbox"/> Public Health Monitoring <input type="checkbox"/> Health Care Services <input type="checkbox"/> Consumer Health and Safety <input type="checkbox"/> None <input type="checkbox"/> Water Resource Management <input type="checkbox"/> Conservation, Marine and Land Management <input type="checkbox"/> Recreational Resource Management and Tourism <input type="checkbox"/> Agricultural Innovation and Services <input type="checkbox"/> None

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8. Privacy Act System of Records (if applicable):

Title:

Federal Register Citation: Volume: Page number: Publication date: / / _____

9. Respondents

Total number:
 Small entity number:
 Percentage of responses collected electronically:

Affected Public (choose one):

- Individuals or households
- Private Sector (if private sector, check all that apply)
 - Business or other for-profit
 - Not-for-profit institutions
 - Farms
- State, Local, or Tribal Governments
- Federal Government

Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category. Note: Selecting multiple subcategories within the Private Sector will not affect the number of ICs required.

10. Frequency: How often on average will each respondent respond to the Information Collection?

- Number of Responses per Respondent:
 Per (select the most appropriate time period for this collection)
- Hour (24 per day, 8736 per year)
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 - Business Day (5 per week, 260 per year)
 - Week (52 per year)
 - Month (12 per year)
 - Semi-Annual (.5 per year)
 - Year
 - Decade (.1 per year)

Calculated: Annual Frequency =
 (responses per respondent, per year)

Calculated: Annual Number of Responses =

11. Hour and Cost Burden - Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

	Hours per Response	Total Annual Hour Burden	Cost per Response (Capital/Startup and O&M Costs Only)	Total Annual Cost Burden (Capital/Startup and O&M Costs Only)
Reporting				
Recordkeeping				
Third Party Disclosure				
Total				

12. Allocate the change in Burden:

	Total Requested	Change Due to New Statute	Change Due to Agency Discretion	Due to Agency Estimate	Change due to Violation	Currently Approved
Annual Responses						
Annual Hour Burden						
Annual Cost Burden (Capital/Startup and O&M costs only)						

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Part II: Information Collection Detail

1. Title of Information Collection:

<p>2. Is this a common form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Select, Yes, to identify forms that EPA is willing to host for potential use by other Federal Agencies.)</i></p>	<p>3. Obligation to respond <i>(check one):</i></p> <p><input type="checkbox"/> Voluntary</p> <p><input type="checkbox"/> Required to obtain or retain benefits</p> <p><input type="checkbox"/> Mandatory</p> <p>Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category.</p>	<p>4. Frequency of reporting <i>(check all that apply):</i></p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Every Decade <input type="checkbox"/> Biennially <input type="checkbox"/> On Occasion <input type="checkbox"/> Once</p>
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5. CFR Citation(s) for the information collection under review *(if applicable):*

Title:	Citation:
Title:	Citation:
Title:	Citation:
Title:	Citation:

6. Information Collection Instruments/Forms *(if applicable):*
Form/Instrument must be submitted to OEI as a separate attachment.

Form Name	EPA Form #	URL <i>(required if electronic)</i>	Is this collection instrument/form available electronically?	If yes, can this collection instrument/form be submitted electronically?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Federal Enterprise Architecture Business Reference Model

Line of Business <i>(check one):</i>	Subfunction <i>(check one):</i>
<input type="checkbox"/> None <input type="checkbox"/> Environmental Management <input type="checkbox"/> Health <input type="checkbox"/> Natural Resources	<input type="checkbox"/> Environmental Monitoring and Forecasting <input type="checkbox"/> Environmental Remediation <input type="checkbox"/> Pollution Prevention and Control <input type="checkbox"/> None <input type="checkbox"/> Illness Prevention <input type="checkbox"/> Immunization Management <input type="checkbox"/> Public Health Monitoring <input type="checkbox"/> Health Care Services <input type="checkbox"/> Consumer Health and Safety <input type="checkbox"/> None <input type="checkbox"/> Water Resource Management <input type="checkbox"/> Conservation, Marine and Land Management <input type="checkbox"/> Recreational Resource Management and Tourism <input type="checkbox"/> Agricultural Innovation and Services <input type="checkbox"/> None

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8. Privacy Act System of Records (if applicable):

Title:

Federal Register Citation: Volume: Page number: Publication date: / / _____

9. Respondents

Total number:
 Small entity number:
 Percentage of responses collected electronically:

Affected Public (choose one):

- Individuals or households
- Private Sector (if private sector, check all that apply)
 - Business or other for-profit
 - Not-for-profit institutions
 - Farms
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Only one selection may be made. If multiple categories apply, you must create additional ICs to account for the burden associated with each category. Note: Selecting multiple subcategories within the Private Sector will not affect the number of ICs required.

10. Frequency: How often on average will each respondent respond to the Information Collection?

- Number of Responses per Respondent:
 Per (select the most appropriate time period for this collection)
- Hour (24 per day, 8736 per year)
 - Business Hour (40 per week, 2080 per year)
 - Day (7 per week, 365 per year)
 - Business Day (5 per week, 260 per year)
 - Week (52 per year)
 - Month (12 per year)
 - Semi-Annual (.5 per year)
 - Year
 - Decade (.1 per year)

Calculated: Annual Frequency =
 (responses per respondent, per year)

Calculated: Annual Number of Responses =

11. Hour and Cost Burden - Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

	Hours per Response	Total Annual Hour Burden	Cost per Response (Capital/Startup and O&M Costs Only)	Total Annual Cost Burden (Capital/Startup and O&M Costs Only)
Reporting				
Recordkeeping				
Third Party Disclosure				
Total				

12. Allocate the change in Burden:

	Total Requested	Change Due to New Statute	Change Due to Agency Discretion	Due to Agency Estimate	Change due to Violation	Currently Approved
Annual Responses						
Annual Hour Burden						
Annual Cost Burden (Capital/Startup and O&M costs only)						