# SUPPORTING STATEMENT FOR THE INFORMATION COLLECTION REQUIREMENTS IN THE 1,2-DIBROMO-3-CHLOROPROPANE (DBCP) STANDARD (29 CFR 1910.1044) OMB CONTROL NO. 1218-0101 (July 2015)

## A. JUSTIFICATION

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The main purpose of the Occupational Safety and Health Act ("OSH Act" or Act) is to. . . assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources (29 U.S.C. 651). As one means in achieving this objective, the OSH Act specifically authorizes the development and promulgation of occupational safety and health standards (29 U.S.C. 651) to ensure that workers will be furnished employment and a place of employment free from recognized hazards that are causing or likely to cause death or serious physical harm.

To protect worker health, the OSH Act authorizes the Occupational Safety and Health Administration ("OSHA" or "Agency") to develop standards that provide for "monitoring or measuring worker exposure" to occupational hazards and "prescribe the type and frequency of medical examinations and other tests which shall be made available [by the employer] to workers exposed to such hazards…to most effectively determine whether the health of such workers is adversely affected by such exposure" (29 U.S.C. 655). Moreover, the Act directs OSHA to " issue regulations requiring employers to main accurate records of worker exposures to potentially toxic materials or other harmful physical agents which are required to be monitored and measured …" (29 U.S.C. 657). In addition, the OSH Act mandates that "[e]ach employer shall make, keep and preserve, and make available to the Secretary [of Labor] …such records regarding [the employer's] activities relating to this Act as the Secretary …may prescribe by regulation as necessary or appropriate for the enforcement of this Act …" (29 U.S.C. (657).

For toxic substances, the OSH Act contains specific statutory language. Thus, as appropriate, health standards must include provisions for monitoring and measuring worker exposure, medical examinations and other tests, control and other technological procedures, suitable protective equipment, labels and other appropriate forms of warning, and precautions for safe use or exposure (29 U.S.C. 655). In addition, the OSH Act specifically mandates issuing regulations

requiring employers to maintain accurate records of worker exposures to potentially toxic materials or other harmful physical agents that are required to be monitored and measured, and further requires that workers exposed to concentrations over prescribed limits be notified of this fact, and of the corrective action being taken (29 U.S.C. 657).

Using the statutory authority granted to it by the OSH Act, the Occupational Safety and Health Administration (OSHA) published a health standard governing worker exposure to 1,2-dibromo-3-chloropropane (DBCP) in 1978 (29 CFR 1910.1044[1]). OSHA published the DBCP Standard (also referred to as Athe Standard) based on scientific studies demonstrating that DBCP is a potent carcinogen in experimental animals and causes sterility and infertility in humans. OSHA limited exposure to DBCP to the lowest feasible level, i.e., an 8-hour time weighted average exposure limit of 1 part of DBCP per billion parts of air (1 ppb); this exposure level (1 ppb) is the permissible exposure limit (PEL). The 1979 TSCA (Toxic Substances Control Act) Inventory identified 3 companies producing 1,000 lbs of DBCP in 1977, and 1 DBCP importer, but provided no information on import volumes.

The Environmental Protection Agency (EPA) registered DBCP as a soil fumigant for controlling nematodes during growth of field crops, vegetables, fruits and nuts, greenhouse and nursery crops, and turf. In 1977, the EPA suspended all registration of DBCP-based end-use products, except fumigants for Hawaiian pineapples; EPA revoked this exception in 1985. According to the Eleventh Report on Carcinogens January 31 2005, compiled by the National Toxicology Program[2] no current production data are available for DBCP. However, OSHA continues to request approval for the collection of information requirements contained in the Standard to ensure continued compliance should an employer use DBCP in the future.

The purpose of DBCP Standard is to provide protection for workers from the adverse health effects caused by occupational exposure to DBCP. To ensure that workers are receiving this protection, the Standard requires employers to provide OSHA with access to various records. Items 2 and 12 below list and fully discuss the specific information collection requirements specified by the Standard.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

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1 Note that the DBCP Standards for Shipyards (29 CFR 1915.1044) and Construction (29 CFR 1926.1144) incorporate by reference the General Industry DBCP Standard (29 CFR 1910.1044).

2Operated by the Department of Health and Human Services.

**Exposure Monitoring (§1910.1044(f))**

Employers must perform initial monitoring to determine the extent of DBCP exposure in their workplaces.[3] Initial monitoring enables employers to identify areas of operation that may require additional efforts to reduce worker exposure to DBCP and, therefore, helps them come into compliance with the Standard. Initial monitoring results also assist employers in determining the need for engineering controls, instituting or modifying work practices, and selecting appropriate respiratory protection to prevent workers from overexposure to DBCP. If the initial monitoring finds that DBCP is at or below the PEL, the employer must repeat these measurements at least every 6 months. If the initial monitoring indicates that DBCP exposure is in excess of the PEL, the employer must repeat these measurements at least quarterly; areas in which worker exposures exceed the PEL are Aregulated areas. Quarterly monitoring must continue until two consecutive measurements, taken at least 7 days apart, are below the PEL, after which the employer must monitor at least every 6 months. Periodic monitoring allows employers to evaluate the effectiveness of exposure-control methods. In addition, these measurements remind both the employer and workers of the continuing need to protect against the hazards that could result from a workers overexposure to DBCP. Periodic monitoring also informs the physician responsible for medical surveillance of the existence and extent of a potential source of occupational disease.

Employers must perform additional monitoring if any change occurs in production, processes, controls, or personnel that may result in new or increased worker exposures to DBCP, or if the employer reasonably suspects that any other condition could result in such exposure. Additional monitoring ensures that the workplace is safe or alerts the employer to increase the worker protection.

Paragraph 1910.1044(f)(5) requires that employers must inform each worker of their exposure-monitoring results within 15 working days after receiving these results. Employers may notify workers either individually in writing or by posting the monitoring results in an appropriate location that is accessible to the workers. In addition, if the exposure-monitoring results show that a worker's exposure exceeds the PEL, the employer must inform the exposed worker of the corrective action the employer is taking to prevent such overexposure.

Notification provides workers with information about the efforts the employer is taking to lower their DBCP exposures and to furnish them with a safe and healthful workplace in accordance with section 8(c)(3) of the OSH Act.

**Written Compliance Program (§1910.1044(g)(2))**

3Initial and periodic monitoring must be representative of each workers exposure to DBCP.

Employers must establish and implement a written program to reduce worker DBCP exposure to or below the PEL using engineering and work-practice controls. This program must also include a detailed schedule for developing and implementing engineering and work-practice controls. Employers must, at least, review and/or revise the compliance plan at least annually, to describe the programs current status. On request, the written plan must be provided to OSHA, the National Institute for Occupational Safety and Health (NIOSH), affected workers, and designated worker representatives.

This requirement commits the employer to evaluating worker exposure and establishing an organized and complete program for reducing worker exposures to or below the PEL. Updating the program serves to remind employers to implement and maintain the exposure-control methods required by the Standard.

**Respiratory Program (§1910.1044(h)(2))**

If employers require respirator use, they must establish a respiratory-protection program in accordance with 29 CFR 1910.134, paragraphs (b) through (d) (except (d)(1)(iii)), and (f) through (m)). Paragraph (c) of 29 CFR 1910.134 requires the employer to develop and implement a written respiratory-protection program with worksite-specific procedures and elements for respirator use. The purpose of these requirements is to ensure that employers establish a standardized procedure for selecting, using, and maintaining respirators for each workplace requiring respirator use. Developing written procedures ensures that employers implement a respirator program that meets the needs of their workers. OSHA incurs the burden hours and costs resulting from these program requirements under the ICR for OSHA's Respiratory Protection Standard (29 CFR 1910.134), OMB Control Number 1218-0099.

**Written Emergency-Situation Plan (§1910.1044(i)(1))**

The employers must develop and implement a written plan describing the emergency response to accidental releases of DBCP. This plan provides workers with personal-protection and evacuation information that minimizes their exposure to DBCP in these situations.

**Removal and Storage of Protective Devices and Clothing (§1910.1044(j)(2)(v))**

Containers of DBCP-contaminated protective devices or work clothing which are to be taken out of change rooms or the workplace for cleaning, maintenance or disposal shall bear labels with the following information:

CONTAMINATED WITH 1,2-Dibromo-3-chloropropane (DBCP), MAY CAUSE CANCER.

**Notifying the Laundry Personnel (§1910.1044(j)(3)(ii))**

The employer must notify any person who launders or cleans DBCP-contaminated protective clothing or equipment of the potentially harmful effects of exposure to DBCP. This information allows such personnel to protect themselves from DBCP exposure.

**Medical Surveillance (§1910.1044(m))**

General (§1910.1044(m)(1), (m)(2), and (m)(3))

The Standard requires employers to provide a medical surveillance program for workers who work in regulated areas and workers exposed to DBCP during emergency situations. Employers must provide workers with medical examinations for workers: When initially assigned to a regulated area; annually thereafter for as long as they are assigned to a regulated area; and if they develop signs or symptoms commonly associated with exposure to DBCP. The results of medical examinations administered under this program must be documented and maintained.

Documentation and maintenance of medical-examination results provide a continuous record of worker health. Physicians use these records to determine the extent to which workers have experienced DBCP-related health effects since their last examination. Further, if symptoms of organic damage appear, the physician often needs information about a worker's previous medical conditions to make an accurate diagnosis of the new condition, ascertain its apparent cause, and identify a course of treatment. Medical records also permit workers to determine whether or not they need treatment, or to evaluate the effectiveness of their employer's exposure-reduction program.

Information Provided to the Physician (§1910.1044(m)(4))

The employer must provide the physician who examines each worker with the following information: A copy of the Standard, including the appendices; a description of the workers duties as they relate to the workers DBCP exposure; the level of DBCP exposure to which the worker is exposed; and a description of personal protective equipment that the worker uses or will use.

Making the required information available to the physician will aid in the evaluation of the workers health and fitness for specific job assignments involving DBCP exposure. As noted earlier, if symptoms of organic damage appear, the physician often needs information about a

worker's previous medical conditions to make an accurate diagnosis of the new condition, to ascertain its apparent cause, and to identify the course of treatment required. Medical records also ensure that workers can determine the need for treatment or other interventions, and to evaluate the effectiveness of the employer's exposure-reduction program.

Physician's Written Opinion (§1910.1044(m)(5))

Employers must provide a copy of the physician's written opinion to each worker. This opinion must contain the following information: The results of the medical examination; the physicians opinion indicating if the worker has any medical conditions that may place the worker at increased risk of material impairment to health from continued DBCP exposure; and any recommended limitations on the worker's DBCP exposure or on the use of protective clothing or equipment such as respirators. This provision requires the employer to instruct the physician not to reveal certain information to the employer. The purpose of requiring the employer to obtain a written opinion from the physician is to provide the employer with medical information to aid in determining the initial placement of workers, and to assess a worker's ability to use protective clothing and equipment. The physician's opinion also provides the employer with information about whether or not the worker has a condition indicating overexposure to DBCP. The requirement that a physician's opinion be written will properly memorialize the information for later retrieval if needed. The requirement to provide workers with a copy of the physicians written opinion will ensure that they are informed of the results of the medical examination so that they can assist in determining the need for, and evaluate the effectiveness of, treatment or other interventions.

**Worker Information and Training (§1910.1044(n))**

The employer must ensure that a copy of the Standard and its appendices are available to workers who require training, and must provide the material used for the required training to OSHA compliance officers and NIOSH on request. Training is essential to inform workers of the hazards to which they are exposed, and to provide them with information they can use to minimize the health hazards of DBCP. Having a copy of the Standard and its appendices available serves to explain and reinforce the information presented to workers on signs, labels and safety data sheets; these documents (signs, labels and safety data sheets) will be useful and effective to workers in understanding the health hazards of DBCP and assuring that they are aware of the actions they can take to avoid or minimize DBCP exposure. However, the requirements that employers provide training materials to workers under §1910.1044(n) are not considered to be a collection of information. OSHA is not taking burden for this activity under Item 12 of this Supporting Statement.

**Signs and Labels (§1910.1044(o))**

(o) Communication of hazards—(1) Hazard communication—general. (i) Chemical manufacturers, importers, distributors and employers shall comply with all requirements of the

Hazard Communication Standard (HCS) (§1910.1200) for DBCP. Labels. (1) Where DBCP or products containing DBCP are, sold, distributed or otherwise leave the employer's workplace bearing appropriate labels required by EPA under the regulations in 40 CFR Part 162, the labels required by this paragraph, (0)(3) need not be affixed.

Signs **(§1910.1044(o)(2)(i)**

The employer shall post signs to clearly indicate all regulated areas. These signs shall bear the legend:

DANGER

1,2-Dibromo-3-chloropropane

MAY CAUSE CANCER

WEAR RESPIRATORY PROTECTION IN THIS AREA

AUTHORIZED PERSONNEL ONLY

(ii) Prior to June 1, 2016, employers may use the following legend in lieu of that specified in paragraph (o)(2) of this section:

DANGER

1,2-Dibromo-3-chloropropane

(Insert appropriate trade or common names)

CANCER HAZARD

AUTHORIZED PERSONNEL ONLY

RESPIRATOR REQUIRED

Posting warning signs serves to warn workers that they are in or near a regulated area. Such signs warn workers that they can enter a regulated area only if they have authority to do so and a

specific need exists to enter the area. Warning signs also supplement the training workers receive under the Standard. Warning labels inform downstream employers and workers of the hazards associated with exposure to DBCP and DBCP-containing products, alert them to prevent exposure to the contaminants, and, if such exposure is unavoidable, provide notice to downstream employers that they must comply with the requirements specified by the Standard.

**Recordkeeping (§1910.1044(p))**

Exposure-Monitoring and Medical-Surveillance Records (§§1910.1044(p)(1) and (p)(2))

Employers must establish and maintain exposure-monitoring records and medical-surveillance records. This requirement provides both employers and workers with access to useful information. The exposure-monitoring and medical-surveillance records required by the Standard assist workers and their physicians in determining the need for treatment or other interventions as a result of the workers exposure to DBCP. The information also will enable the employers to better ensure that workers are not being overexposed to DBCP; such information may alert the employer that steps must be taken to reduce DBCP exposures.

Employers must maintain exposure-monitoring and medical-surveillance records for at least 40 years, or the duration of employment plus 20 years, whichever is longer. OSHA requires maintenance of these records for this extended period because of the long latency associated with the development of DBCP-related cancers, sterility, and infertility.

Availability (§1910.1044(p)(3))

On request, employers must make available to an OSHA compliance officer and NIOSH any records maintained according to the Standard, including training materials, for examination and copying. In addition, employers must provide exposure-monitoring and medical-surveillance records to workers and their designated representatives on request.

The OSHA compliance officer uses these records to assess employer compliance with the major requirements of the Standard, while NIOSH may compile these records for research purposes. Workers and their designated representatives use exposure-monitoring and medical-surveillance records to assess worker medical status over the course of employment, to evaluate the effectiveness of the employer's exposure-reduction program, and for other reasons.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

Employers may use improved information technology when making, keeping, and preserving the required records. The Standard is written in performance-oriented language, i.e., in terms of what data to collect rather then how to collect the data.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2. above.**

The requirements to collected and maintain information are specific to each employer and worker involved, and no other source or agency duplicates these requirements or can make the required information available to OSHA (i.e., the required information is available only from employers).

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

The burden of these requirements is an equal obligation for employers who have establishments or operations in which exposures could occur. Because of the manner in which the standard is written, the employer can choose to respond to this requirement in a way that is best suited to their work environment. The requirements are based on performance, and compliance is judged accordingly. There are no set requirements for how the information is documented or maintained.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The Agency believes that the information collection frequencies required by the Standard are the minimum frequencies necessary to effectively monitor the exposure and health status of workers exposed to DBCP, and thereby fulfill its mandate Ato assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources as specified by the OSH Act at 29 U.S.C. 651. Accordingly, if employers do not perform the required information collections, or delay in providing this information, workers will have an increased probability of developing cancer because of their DBCP exposures.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- **requiring respondents to report information to the agency more often than quarterly; requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **requiring respondents to submit more than an original and two copies of any document;**
- **requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**

- **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

- **requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**

- **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- **requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

If exposure monitoring indicates that an worker has been exposed above the PEL, regardless of whether or not respirators are used, employers must notify the worker individually in writing (or by posting the results in an appropriate location) of the exposure-monitoring results, and the steps being taken to reduce the exposure to within the PEL. This notification must be provided to the worker within 15 working days.

Posting enhances the collective knowledge in the workplace of worker exposures; which in turn enhances each worker's understanding of his/her own exposure. Posting the results facilitates other workers, their designated representatives, supervisor and employers in becoming aware of exposure levels within the workplace.

Employers must maintain exposure-monitoring and medical-surveillance records for at least 40 years, or the duration of employment plus 20 years, whichever is longer. OSHA requires maintenance of these records for this extended period because of the long latency associated with the development of DBCP-related cancers, sterility, and infertility.

**8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

As required by the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), OSHA published a notice in the *Federal Register* on May 18, 2015 (80 FR 28300) soliciting comments on its proposal to extend the Office of Management and Budget's (OMB) approval of the information collection requirements specified by the Standard on 1,2-Dibromo-3-Chloropropane (DBCP) (29 CFR 1910.1044). This notice was a part of a preclearance consultation program that provided the general public and government agencies with an opportunity to comment. The Agency did not receive any comments in response to this notice.

**9. Explain any decision to provide any payment or gift to respondents, other than reenumeration of contractors or grantees**.

The Agency will provide no payments or gifts to the respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

To ensure that the personal information contained in medical-surveillance records remains confidential, OSHA developed 29 CFR 1913.10 to regulate access to these records.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons form whom the information is requested, and any steps to be taken to obtain their consent.**

None of the provisions in the Standard require sensitive information.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the**

  **variance. Generally, estimates should not include burden hours for customary and usual business practices.**

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**

- **Provide estimates of annualized cost to respondents for the hour burdens for collections of**

**information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

After extensive research, OSHA found no U.S. employer who currently produces DBCP or DBCP-based end-use products, most likely because the EPA registration suspension for this substance remains in effect (see discussion under Item 1 above); therefore, no cost or time burdens accrue to employers under the Standard. The Agency requests one hour for OMB to approve the information collection provisions of the Standard so that it can enforce the paperwork requirements of the Standard if EPA lifts the suspension or technology develops new applications for DBCP. The Standards paperwork requirements are:

**Exposure Monitoring**

Initial Monitoring (§1910.1044(f)(2))
Periodic Monitoring (§1910.1044(f)(3))
Additional Monitoring (§1910.1044(f)(4))
Notification of Results (§1910.1044(f)(5))

**Compliance Program** (§1910.1044(g)(2))
**Respiratory Program** (§1910.1044(h)(2))
**Emergency Situations** Written Plan (§1910.1044(i)(1)(i)(6))
**Removal and Storage of Protective Devices and Clothing** (§1910.1044(j)(2)(v))
**Notifying Laundry** Personnel (§1910.1044(j)(3)(ii))
**Medical Surveillance**
Initial Examinations (§1910.1044(m)(1))
Periodic Examinations (§1910.1044(m)(2))
Additional Examinations (§1910.1044(m)(3))
Information Provided to Physician (§1910.1044(m)(4))
Physicians Written Opinion (§1910.1044(m)(5))

**Training Program** (§1910.1044(n)(1))
**Signs and Labels** (§1910.1044(o))
**Recordkeeping**

Monitoring Records (§1910.1044(p)(1))

Medical Records (§1910.1044(p)(2))

Availability (§1910.1044(p)(3)(ii))

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**
- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

As noted above in Item 12, no employers are currently producing or using DBCP; therefore, the Standard imposes no cost burdens on employers.

**14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.**

As noted above in Item 12, no employers are producing DBCP or DBCP-based end-use products; therefore, the Agency has no annualized costs associated with enforcing the Standard.

**15. Explain the reasons for any program changes or adjustments.**

There are no program changes or adjustments associated with this ICR.

**16. For collections of information whose results will be published, outline plans for tabulation, and publication. Address any complex analytical techniques that will be used. Provide the time schedule**

**for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

OSHA currently collects no information under the DBCP Standard.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

OSHA lists current valid control numbers in §§1910.8, 1915.8, 1917.4, 1918.4, and 1926.5 and publishes the expiration date in the Federal Register notice announcing OMB approval of the Information collection requirement (see 5 CFR 1320.3(f)(3). OSHA believes that this is the most appropriate and accurate mechanism to inform interested parties of these expiration dates

**18. Explain each exception to the certification statement.**

OSHA is not seeking an exception to the certification statement.

## B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS.

This supporting statement does not contain any collections of information requirements that employ statistical methods.