RESPIRATORY PROTECTION STANDARD
1218-0099
July 2016

Note

OSHA is proposing to add two modified PortaCount® quantitative fit-testing protocols to its Respiratory Protection Standard (29 CFR 1910.134). The proposed protocols would apply to employers in general industry, shipyard employment, and the construction industry. Both proposed protocols are variations of the existing OSHA-accepted PortaCount® protocol, but differ from it by the exercise sets, exercise duration, and sampling sequence. If approved, the modified PortaCount® protocols would be alternatives to the existing quantitative fit-testing protocols already listed in Part I.C of Appendix A of the Respiratory Protection Standard. In addition, OSHA is proposing to amend Part I.C of Appendix A to clarify that PortaCount® fit test devices equipped with the N95-Companion™ Technology are covered by the approved PortaCount® protocols.

This supporting statement has been revised to include the proposed new protocols. Burden hours have been reduced since employers will spend less time to provide an employee a fit-test using these proposed new protocols.

SUPPORTING STATEMENT FOR THE COLLECTIONS OF INFORMATION OF THE RESPIRATORY PROTECTION STANDARD (29 CFR 1910.134)[1,2]
Office of Management and Budget (OMB) Control No. 1218-0099 (August 2016)

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 Occupational Safety and Health Act's (OSH Act) main objective 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). To achieve this objective, the OSH Act specifically authorizes "the development and promulgation of occupational safety and health regulations" (29 U.S.C. 651).

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 employee 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 employees exposed to such hazards in order to most effectively determine whether the health of such employees is adversely affected by such exposure" (29 U.S.C. 655). 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 [their] activities relating to this Act as the Secretary . . . may prescribe by regulation as necessary or appropriate for the enforcement of this Act or for developing information regarding the causes and prevention of occupational accidents and illnesses" (29 U.S.C. 657). In addition, the OSH Act directs OSHA to "issue regulations requiring employers to maintain accurate records of employee exposure to potentially toxic materials or other harmful physical agents which are required to be monitored and measured," and further specifies that such regulations provide "for each employee or former employee to have access to such records as will indicate [their] own exposure to toxic materials or harmful physical agents" (29 U.S.C. 657). The OSH Act states further that "[t]he Secretary . . . shall . . . prescribe such rules and regulations as [he/she] may deem necessary to carry out [their] responsibilities under this Act, including rules and regulations dealing with the inspection of an employer's establishment" (29 U.S.C. 651).

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1 The purpose of this Supporting Statement is to analyze and describe the burden hours and costs associated with provisions of the Respiratory Protection Standard that contain paperwork requirements; this Supporting Statement does not provide information or guidance on how to comply with, or how to enforce, this Standard.

2 This Standard applies to general industry, construction, shipyard, longshoring, and marine-terminal workplaces.

The Respiratory Protection Standard, §1910.134, (the "Standard") assists employers in protecting the health of workers exposed to airborne contaminants, physical hazards, and biological agents. The Standard contains requirements for program administration; a written respirator-protection program with worksite-specific procedures; respirator selection; medical evaluations; fit testing; respirator use; respirator cleaning; maintenance, and repair; worker training; and other provisions. Items 2 and 12 below describe the specific information collection requirements of 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.

The following are the collection of information requirements as stated in the Standard, followed by discussions indicating how, by whom, and for what purpose the information is used for each of these requirements.

A. Respiratory protection program (§1910.134(a) and (c))

§1910.134(a)(2) - A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.

§1910.134(c)(1) - In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:

§1910.134(c)(1)(i) - Procedures for selecting respirators for use in the workplace;

§1910.134(c)(1)(ii) - Medical evaluations of employees required to use respirators;

§1910.134(c)(1)(iii) - Fit testing procedures for tight-fitting respirators;

§1910.134(c)(1)(iv) - Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

§1910.134(c)(1)(v) - Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

§1910.134(c)(1)(vi) - Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

§1910.134(c)(1)(vii) - Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

§1910.134(c)(1)(viii) - Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

§1910.134(c)(1)(ix) - Procedures for regularly evaluating the effectiveness of the program.

§1910.134(c)(2) - Where respirator use is not required:

§1910.134(c)(2)(i) - An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and

§1910.134(c)(2)(ii) - In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

§1910.134(c)(3) - The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

§1910.134(c)(4) - The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

Purpose: In developing and implementing written programs, employers must address the respiratory hazards in the workplace. This process requires employers to identify, measure, and document the hazardous atmospheres their workers may encounter during routine operations, as well as reasonably foreseeable emergencies that may occur in the workplace. When changes in atmospheric hazards or other workplace conditions affect respirator use, employers must update their written programs as appropriate.[3] Accordingly, a written program, properly updated, permits employers and OSHA compliance officers to assess the adequacy of the respiratory protection provided to workers.

B. Medical evaluation (§1910.134(e))

Using a respirator may place a physiological burden on workers that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the worker. Accordingly, this paragraph specifies the minimum requirements for medical evaluation that employers must implement to determine the worker's ability to use a respirator.

§1910.134(e)(1) - General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

Medical evaluation procedures (§1910.134(e)(2))

§1910.134(e)(2)(i) - The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

§1910.134(e)(2)(ii) - The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section.

Purpose: The medical evaluation program ensures that any worker required to use a respirator can tolerate the: physiological burden associated with such use, including the burden imposed by the respirator itself (e.g., its weight and breathing resistance during both normal operation and under conditions of filter, canister, or cartridge overload); musculoskeletal stress; limitations on auditory, visual, and odor sensations; and physical and psychological isolation. Several job and workplace conditions also impose a physiological load on the worker who uses a respirator, including the duration and frequency of respirator use, the level of physical work effort, the use of protective clothing, and temperature extremes or high humidity. Job- and workplace-related

3 The burden for maintaining copies of written programs (see paragraph (m)(3) of the Standard) includes the requirement to update the programs.

stressors may interact with respirator characteristics to increase the physiological stress experienced by workers. For example, wearing protective clothing while performing heavy work can be highly stressful. Also, specific medical conditions can compromise a worker's ability to tolerate the physiological burdens imposed by respirator use, thereby placing the worker at increased risk of illness, injury, and even death. Such conditions include cardiovascular and respiratory diseases, reduced pulmonary function caused by factors such as smoking or prior exposure to toxic respiratory hazards, neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain), and impaired sensory function (e.g., a perforated ear drum, reduced olfactory function). Psychological conditions, such as claustrophobia, also can impair respirator use and may cause significant elevations in heart rate that can jeopardize the health of workers who are at high risk for cardiopulmonary disease.

Follow-up medical examination (§1910.134(e)(3))

§1910.134(e)(3)(i) - The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

§1910.134(e)(3)(ii) - The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

Purpose: The questionnaire and initial medical examination provide information about medical conditions and physical systems that may prevent or limit workers from using some types of respirators.

Supplemental information for the PLHCP (§1910.134(e)(5))

§1910.134(e)(5)(i) - The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator[4]:

§1910.134(e)(5)(i)(A) - (A) The type and weight of the respirator to be used by the employee;

§1910.134(e)(5)(i)(B) - The duration and frequency of respirator use (including use for rescue and escape);

4 In accordance to §1910.134(e)(5)(ii), any supplemental information provided previously to the PLHCP regarding a worker need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

§1910.134(e)(5)(i)(C) - The expected physical work effort;

§1910.134(e)(5)(i)(D) - Additional protective clothing and equipment to be worn; and

§1910.134(e)(5)(i)(E) - Temperature and humidity extremes that may be encountered.

§1910.134(e)(5)(iii) - The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

Purpose: This information is important to the PLHCP in making a recommendation regarding the worker's medical ability to use the respirator. Providing PLHCPs with information about the type of respirator and its use, as well as job and workplace, assists PLHCPs in determining if these factors may interact with preexisting medical conditions (identified through the medical questionnaire or medical examination) to impair a worker's ability to use the respirator. This information also allows the PLHCP to limit the conditions under which the worker uses a respirator.

Additional medical evaluations (§1910.134(e)(7))

At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

§1910.134(e)(7)(i) - An employee reports medical signs or symptoms that are related to ability to use a respirator;

§1910.134(e)(7)(ii) - A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;

§1910.134(e)(7)(iii) - Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

§1910.134(e)(7)(iv) - A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Purpose: This requirement ensures that a worker remains medically eligible to use a respirator during exposure to atmospheric contaminants in the workplace.

C. Fit testing (§1910.134(f))

This paragraph requires that, before a worker may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the worker must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.[5]

§1910.134(f)(1) The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph.

§1910.134(f)(2) The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

§1910.134(f)(3) - The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Purpose: Respirators must fit properly to provide protection. If a tight seal is not maintained between the facepiece and the worker's face, contaminated air will be drawn into the facepiece and be breathed by the worker. The fit testing requirement of paragraph (f) seeks to protect the worker against breathing contaminated ambient air and is one of the core provisions of the respirator program required by this standard.

D. Maintenance and care of respirators (§1910.134(h))

Storing and marking emergency-use respirators (§1910.134(h)(2)(ii)(B))

This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by workers.

§1910.134(h)(2)(ii)(B) - Stored in compartments or in covers that are clearly marked as containing emergency respirators; and

§1910.134(h)(2)(ii)(C) - Stored in accordance with any applicable manufacturer instructions.

5 After a fit test, employers must record the worker's name, the date of the fit test, and the type, brand, and size of the respirator in accordance with paragraph (m)(3) of the Standard. These records ensure that: respirator users receive the proper fit test; the respirators selected are appropriate for the atmospheric hazards they encounter; and the respirator users receive annual retesting.

Certification of inspection records for emergency-use respirators - (§1910.134(h)(3)(iv)(A) and (h)(3)(iv)(B))

§1910.134(h)(3)(iv) - For respirators maintained for emergency use, the employer shall:

§1910.134(h)(3)(iv)(A) - Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and

§1910.134(h)(3)(iv)(B) - Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

Purpose: Marking compartments and covers permits ready access to the respirators in the event of an emergency. Additionally, certification of inspection records provides assurance to workers that emergency-use respirators will operate properly when needed.

E. Breathing air quality and use (§1910.134(i))

This paragraph requires the employer to provide workers using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.

§1910.134(i)(4)(ii) - Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air; and

§1910.134(i)(5)(iv) - Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.

Purpose: The certificate of analysis assures workers and employers that the purchased breathing air used in atmosphere-supplying respirators is safe. In addition, the tag requirement provides assurance to workers and employers that sorbent beds and filters are functioning properly to remove hazardous substances from the air produced by compressors for atmosphere-supplying respirators.

F. Training and information (§1910.134(k))

Upon further analysis, the requirement that employers provide training to workers under

paragraph (k), with the exception of § 1910.134(k)(6), is not considered to be a collection of information.

Paragraph (k)(6) requires the employer to provide the basic information on respirators in Appendix D of this section to workers who wear respirators when not required by this section or by the employer to do so.[6]

§1910.134(k)(6) - The basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees who wear respirators when such use is not required by this section or by the employer.

Purpose: If an employer provides respirators to workers for voluntary use, or if a worker provides his/her own respirator, precautions need to be taken to be sure that the respirator itself does not present a hazard.

OSHA considers the requirement in § 1910.134(k)(6) that employers provide Appendix D to workers to be a public disclosure of information originally supplied by the Federal government to the employer for the purpose of disclosure to the public. Additionally, the Agency considers the requirement in Appendix D that workers engaged in voluntary respirator use "read and heed" instructions provided by the respirator manufacturer to be a usual and customary practice in these industries. Therefore, OSHA is taking no burden hours for this requirement.

G. Recordkeeping (§1910.134(m))

This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate worker involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Medical evaluation (§1910.134(m)(1))

§1910.134(m)(1) - Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

Fit Testing (§1910.134(m)(2))

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6 Employers must provide Appendix D, "Information for Employees Using Respirators When Not Required Under the Standard" to workers using respirators voluntarily. Appendix D requires employees to: "Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators [*sic*] limitations."

§1910.134(m)(2)(i) - The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

§1910.134(m)(2)(i)(A) - The name or identification of the employee tested;

§1910.134(m)(2)(i)(B) - Type of fit test performed;

§1910.134(m)(2)(i)(C) - Specific make, model, style, and size of respirator tested;

§1910.134(m)(2)(i)(D) - Date of test; and

§1910.134(m)(2)(i)(E) - The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

§1910.134(m)(2)(ii) - Fit test records shall be retained for respirator users until the next fit test is administered.

Respirator Program - *(§1910.134(m)(3))*

§1910.134(m)(3) – A written copy of the current respirator program shall be retained by the employer.

§1910.134(m)(4) - Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary or designee for examination and copying.

Upon further consideration, once a complaint is accepted by OSHA for investigation, information collected by the Agency during the inspection is not subject to the PRA under 5 CFR 1320.4(a)(2). Therefore, OSHA takes no burden or cost for disclosure of these records to OSHA during an inspection in Items 12 and 14 of this Supporting Statement.

Purpose: Employers may use a worker's fit-testing records to select specific respirator makes, models, and sizes for subsequent fit testings, thereby avoiding unnecessarily prolonged fit-testing sessions. These records also enable OSHA to determine if: the employer tested a worker prior to initial respirator use, administered the appropriate test, and performed the test correctly; and the worker passed the test and is using the proper respirator model and size.

A written program, properly updated, permits employers and OSHA compliance officers to assess the adequacy of the respiratory protection provided to workers.

Making the information available to workers ensures that workers have access to information

they can use to identify workplace atmospheric hazards and to determine the effectiveness of their employer's respiratory-protection program.

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 the burden.

Employers may use improved information technology when making, keeping, or preserving therequired records. OSHA wrote the Standard in performance language, i.e., it states what information to collect rather than how to collect it.

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

The information collection requirements in the Standard are specific to each employer and worker involved, and no other source or agency duplicates the requirements or can make the required information available to the Agency (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 information collection requirements of the Standard do not have a significant impact on a substantial number of small entities.

6. Describe the consequences 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 information collection frequencies specified by the Standard are the minimum OSHA believes necessary to allow it and employers to evaluate the effectiveness of respiratory-protection programs, especially the health protection afforded by respirator use to workers who work in toxic atmospheres.

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.**

No special circumstances exist that require employers to collect information in the manner or using the procedures specified by this item.

8. If applicable, provide a copy and identify the data 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 three 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.

In accordance with 5 CFR 1320.11, OSHA is submitting a revised Respiratory Protection Information Collection Request (ICR) to the Office of Management and Budget (OMB) for the collection of information requirements associated with the *Additional PortaCount® Quantitative Fit Testing Protocols: Amendment to Respiratory Protection Standard* NPRM. As noted in Section IV. *Procedural Determinations,* C. *Paperwork Reduction Act* of the NPRM of the preamble, members of the public who wish to provide comments on this ICR must submit written comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor-OSHA, (RIN–1218 –AC94), Office of Management and Budget, Room 10235, Washington, DC 20503. You may submit comments by email to OMB by email at OIRA submission@omb.eop.gov (please reference control number 1218-0099) in order to help ensure proper consideration).

OSHA encourages commenters also to submit their comments on these paperwork requirements to the rulemaking docket, OSHA Docket Office (Docket Number OSHA-2015-0006). along with their comments on other parts of the proposed rule. For instructions on submitting these comments to the rulemaking docket, see the sections of this Federal Register notice titled DATES and ADDRESSES. You also may obtain an electronic copy of the complete ICR by visiting the Web page at http://www.reginfo.gov/public/do/PRAMain and scrolling under "Currently Under Review" to "Department of Labor (DOL)" to view all of the DOL's ICRs, including those ICRs submitted for proposed rulemakings. To make inquiries, or to request other information, contact Mr. Todd Owen, Directorate of Standards and Guidance, OSHA, Room N-3609, U.S. Department of Labor, 200 Constitution Avenue NW., Washington DC 20210; telephone (202) 693-2222; email owen.todd@dol.gov.

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

The Agency will not provide 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.

OSHA considers the medical records required by the Standard to be confidential. To ensure that these records remain confidential, the Agency implemented §1913.10, which governs its access to worker medical information.

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 from whom the information is requested, and any steps to be taken to obtain their consent.

Perceived questions of a sensitive nature may be included in the medical questionnaires Information from the medical questionnaire is necessary for the PLHCP, or employer, to determine what protections an employer must take to ensure that the employee will have minimal occupational exposure to hazards such as insufficient oxygen environments, harmful dusts, fogs, smokes, mists, gases, vapors, and sprays.

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 and aggregate the hour burdens.**

- **Provide estimates of annualized costs to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.**

Burden Hour and Cost Determinations

The following sections describe the methodology used for estimating the number of burden hours and costs resulting from the information collection requirements of the Standard. Also, for a summary of Item 12, see Table 1 at the end of this Supporting Statement.

Wage Rates

The Agency adopted the mean wage rates from *"Employer Costs for Employee Compensation, December 2013,"* U.S. Department of Labor, Bureau of Labor Statistics (http://www.bls.gov/news.release/archives/ecec_03122014.htm, Tables 9 and 10). Total compensation for these occupational categories includes an adjustment for fringe benefits. On average, fringe benefits represent 29.9 percent (*Ibid*, page 1*)* of total hourly compensation in the private sector. The total hourly compensation costs of labor used in this analysis are:

Supervisor	$55.82
Worker (Employee)	$31.65
Secretary	$24.01

(A) Respiratory Protection Program (§1910.134(c))

The Standard requires employers to develop and maintain a written respiratory-protection program. The Final Economic Analysis (FEA) for the Standard estimates that small and large firms take four and eight hours, respectively, to develop the written program. Of the estimated 616,035[7] employers covered by the Standard in 2012, OSHA believes that each year 10.3%[8]

7 Source: *Respirator Usage in Private Sector Firms, 2001.* U.S. Department of Labor, Bureau of Labor Statistics (BLS) and the National Institute for Occupational Safety and Health (NIOSH). September 2003. Text Table 1: "Number and percent of establishments using respirators, by selected type of use and industry division." OSHA estimated the share of establishments using respirators in each sector by calculating the ratio of the number of establishments reported in Table 1 to total establishments reported by the 2001 County Business Patterns (CBP) and applying this same ratio to the 2011 County Business Patterns. OSHA adjusted the total 2001 CBP to represent only those industries covered by the regulation.

8 The U.S. Department of Labor, Bureau of Labor Statistics, Longitudinal Business Database (2012 establishment entry rate). Business Dynamics Statistics. https://www.census.gov/ces/dataproducts/bds/data_firm.html.

(63,452) are new employers who must develop new programs. The Agency assumes that 98% (62,183) of the new employers are small firms,[9] and that the remaining 2% (1,269) are larger employers. The Agency assumes a supervisor will develop the written program. Therefore, the total annual burden hours and cost for both employer groups to develop a written respiratory-protection program are:

Burden hours: (62,183 x 4 hours) + (1,269 x 8 hours) = 258,884 hours
Cost: 258,884 hours x $55.82 = $14,450,905

Existing employers[10] must update their programs to accommodate changes in workplace conditions that affect respirator use. OSHA assumes that 20% of existing employers (110,517) update their programs every year, and that supervisors for small firms (110,517 x 98% = 108,307 firms) would take two hours, and supervisors for larger firms (110,517 x 2% = 2,210 firms) would take four hours, to update the programs. The annual burden hour and cost estimates for existing employers to update their programs are:

Burden hours: (108,307 x 2 hours) + (2,210 x 4 hours) = 225,454 hours
Cost: 225,454 hours x $55.82 = $12,585,842

Total burden hours and costs for new and existing employers to develop their programs are:

Total Burden hours: 258,884 hours + 225,454 hours = 484,338 hours
Total cost: $14,450,905 + $12,585,842 = $27,036,747

(B) Medical Evaluation (§1910.134(e))

Paragraph (e)(2) of the Standard specifies that employers must medically evaluate workers prior to fit testing and initial respirator use. A PLHCP must perform medical evaluations using a medical questionnaire or an initial medical examination. The Agency estimates that a worker takes 15 minutes (.25 hour) to complete the questionnaire. Based on the Final Economic Analysis (FEA) and the change in employment in relevant industries from 2001 to 2011, it is estimated that in 2011 the Standard covered 5,465,461 workers.[11] The 2013 BLS Job Openings

9 Small firms are defined as those employers employing less than 500 employees per facility.

10 Existing employers do not include the 63,452 employers who have developed new initial written respirator programs.

11 OSHA calculated the change in total employment for each industry division by comparing the employment numbers in the 2012 CBP to the 2001 CBP. OSHA then applied the aggregate percent change to the number of employees reported in OSHA's Supporting Statement for the Information–Collection Requirements of the Respiratory Protection (29 CFR 1910.134), 1218-0099 (April 2001). The results showed a 9.31% (0.093092) overall increase in respirator users covered by the Standard. This 9.31%increase represents the change in

and Labor Turnover survey estimated an average total separations rate of 42.2%[12] in industries covered by the Standard. The burden hours and cost to administer the questionnaire to the 2,306,425 (5,465,461 x 42.2%) new workers (with an hourly wage rate of $31.65) each year are:

Burden hours: 2,306,425 questionnaires x .25 hour = 576,606 hours
Cost: 576,606 x $31.65 = $18,249,580

According to paragraph (e)(3) of the Standard, employers must provide follow-up medical examinations to workers who respond positively to specific items in the questionnaire (or to the initial medical examination). OSHA estimates that 23%[13] of the 2,306,425 new workers (530,478) require follow-up medical examinations each year, and that it takes one hour for them to receive a follow-up medical examination. Therefore, the annual burden hours and cost of this provision are:

Burden hours: 530,478 workers x 1 hour = 530,478 hours
Cost: 530,478 hours x $31.65 = $16,789,629 hours

Paragraph (e)(5) of the Standard requires employers to provide PLHCPs with information about a worker's respirator and work conditions before the PLHCP makes a recommendation concerning a worker's eligibility to use the respirator. Employers provide this information to PLHCPs prior to a worker's initial medical evaluation and any additional medical examination.[14] OSHA estimates that employers provide 2,306,425 initial medical evaluations and 273,273 additional medical (see paragraph (e)(7) below) evaluations each year and that, for each medical evaluation, a secretary takes 15 minutes (.25 hour) to compile the required information and provide it to the PLHCP. Accordingly, each year the burden hours and cost of this requirement are:

Burden hours: 2,579,698 evaluations x .25 hour = 644,925 hours

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employment for the relevant respirator-using industries between 2001 and 2012. Thus, it was applied to the estimate of affected workers contained in the 2001 ICR to determine updated employment figures (5,000,000 x (1+-.093092) = 5,465,461).

12 Source: Bureau of Labor Statistics, U.S. Department of Labor. 2013. Job Openings and Labor Turnover Survey. Separations rate for Private Industry. http://www.bls.gov/jlt/#data

13 The FEA initially estimated that 23% of the employees receiving an initial medical evaluation would need a follow-up medical examination. Accordingly, OSHA is applying this percentage to the total number of new employees covered by the Standard.

14 Employers do not need to provide supplemental information regarding a worker to the PLHCP for subsequent medical evaluations when the information and the PLHCP are the same. Therefore, employers would rarely provide this information to a PLHCP when a worker receives a follow-up examination because the PLHCP usually receives the information prior to the initial medical evaluation.

Cost: 644,925 hours x $24.01 = $15,484,649

Paragraph (e)(7) of the Standard requires employers to provide an additional medical evaluation to workers under specific conditions. However, the Agency believes that most workers who use respirators do not need additional medical evaluations. Therefore, OSHA assumes that 5% of all workers (5% x 5,465,461 = 273,273) will require additional medical evaluations each year, and that each of these workers takes .50 hour to undergo the additional medical evaluation. The yearly burden hours and cost of this provision are:

Burden hours: 273,273 workers x .50 hour = 136,637 hours
Cost: 136,637 hours x $31.65 = $4,324,561

Total burden hours and costs for administering the initial medical evaluations, follow-up medical examinations, and additional medical evaluations, as well as providing supplemental information to the PLHCPs, are:

Total Burden hours: 576,606 hours + 530,478 hours + 644,925 hours + 136,637 hours = 1,888,646 hours
Total cost: $18,249,580 + $16,789,629 + $15,484,649 + $4,324,561 = $54,848,419

C. Fit testing (§1910.134(f))

Based on percentages used in the FEA, of the 5,465,461 workers currently covered by this provision, 13% (710,510) received annual fit tests when the standard became effective. Therefore, the additional paperwork requirement associated with annual fit testing applies only to the remaining 87% (4,754,951). From percentages used in the FEA, OSHA finds that outside contractors provide quantitative fit tests to 8% (380,396) of the remaining workers while respirator manufacturers administer qualitative fit tests to about 20% (950,990) of these workers at no cost to their employers, and employers conduct in-house fit testing on the final group of 3,423,565 workers.

The November 2014 Respiratory Protection ICR estimates that each worker takes about 30 minutes (.50 hour) to complete most existing fit tests, and that a supervisor requires also about 30 minutes (.50 hour) to administer an in-house fit test for qualitative fit testing.

In this 2016 ICR, OSHA is revising the estimated time for employees to receive fit testing. The Agency estimates that, where applicable, approved abbreviated quantitative fit testing protocols (i.e., REDON) would take employers approximately 25 minutes (0.42 hour)[15] to administer to

15 0.42 is the abbreviated form of the fraction 25/30 used in the calculation (0.416667); estimates based may differ slightly from those that would be derived from using 0.42.

employees. The Agency estimates that this situation currently applies to 965,147[16] respirator wearers. The Agency estimates that, with the primary exception of health care market, quantitative fit testing is approximately evenly divided, for the number of respirator wearers, between the Portacount and REDON methods. Therefore, each would comprise half of the contractor fit testing for quantitative fit testing. The remainder would be performed in-house. The revision to the number of employees receiving fit-tests and the estimated amount of time for employers to administer the REDON fit-tests are termed "adjustments" under the Paperwork Reduction Act.

Summary of Burden Hour Changes Adjustments			
Fit-Testing (§1910.134(f))	***Currently Approved (November 2014)***	***Adjustment***	***Adjusted Total Burden Hours***
Quant. Fit-Test by Outside contractors	173,182	1,800	174,982
Qualitative Fit Testing by Respirator Manufacturers	432,956	42,539	475,495
In-House Fit Testing by Supervisors	3,117,280	202,370	3,319,650
Totals	3,723,418	246,709	3,970,127

1. Quantitative Fit Testing by Outside Contractors

OSHA increased the number of quantitative fit-test being conducted from 346,364 tests to 380,396 tests. The November, 2014 ICR assumes all quantitative fit tests take 30 minutes to administer. The Agency now recognizes that half of the quantitative fit-test being conducted (190,198) use the REDON protocol and this protocol takes 25 minutes. The other half, 190,180, fit-tests being administered mainly use a PortaCount protocol and this protocol takes 30 minutes.

16 Tab Input and Parameters REDON, cell H80

REDON:

Burden hours: 190,198 tests x .42 hour (worker time) = 79,883 hours
Cost: 79,883 hours x $31.65 = $2,528,297

PortaCount:

Burden hours: 190,198 tests x .50 hour (worker time) = 95,099 hours
Cost: 95,099 hours x $31.65 = $3,009,883

Total hours: REDON (79,883) + PortaCount (95,099) =174,982 burden hours
Total Cost: REDON $2,528,297 + $3,009,883 = $5,538,180

2. Qualitative Fit Testing by Respirator Manufacturers

OSHA increased the number of workers respirator manufacturers administer qualitative fit tests to from 865,911 workers to 950,990 workers. OSHA estimates that each fit-test takes 30 minutes of worker time.

Burden hours: 950,990 tests x .50 hour (worker time) = 475,495 hours
Cost: 475,495 hours x $31.65 = $15,049,417

3. In-House Fit Testing by Supervisors

Employers conduct in-house fit testing for 3,423,565 workers. Of these 649,480 workers will receive REDON in-house fit-testing taking a supervisor and the employee 25 minutes.

REDON
Burden hours:
Supervisors: 649,480[17] tests x .42 hour = 272,782
Workers: 649,480 tests x .42 hour = 272,782
Total: 545,564 hours

Cost:
Supervisors: 272,782 hours x $55.82 = $15,226,691
Workers: 272,782 hours x $31.65 = $8,633,550
Total: = $23,860,241

Other Forms of Fit Testing*:*

17 Tab Input and Parameters REDON, cell H95

Burden hours:

Supervisors: 2,774,085 x .50 hour = 1,387,043
Workers: 2,774,085 x .50 hour = 1,387,043
Total: 2,774,086 hours

Cost
Supervisors: 1,387,043 hours x $55.82 = $77,424,740
Workers: 1,387,043 hours x $31.65 = $43,899,911
Total: = $121,324,651

Total hours: REDON (545,564) + Other Fit-Testing (2,774,086) =3,319,650 burden hours
Total Cost: REDON ($23,860,241) + Other Fit-Testing ($121,324,651) = $145,184,892

Quantitative Fit Testing Protocol: Amendment to the Final Rule on Respiratory Protection Rulemaking

OSHA is proposing to add two modified PortaCount® quantitative fit-testing protocols to the Respiratory Protection Standard (29 CFR 1910.134); these proposed changes are termed "Program Changes" under PRA. These protocols are estimated to take 25 minutes (.42 hour) per fit-test, five minutes less than the current protocol procedures. The equations below estimate the burden hour and cost savings when employers use the proposed PortaCount® quantitative fit-testing protocols.

Summary of Burden Hour Changes -Program Changes			
Fit-Testing (§1910.134(f))	Adjusted Total Hours	Program Change	Total Burden Hours
Quant. Fit-Test by Outside contractors	174,982	-15,216	159,766
Qualitative Fit Testing by Respirator Manufacturers	475,495	0	475,495
In-House Fit Testing by Supervisors	3,319,650	-135,216	3,184,434
Totals	3,970,127	-150,432	3,819,695

1. Quantitative Fit Testing by Outside Contractors

The Agency estimates approximately half of the fit tests to be conducted by outside

contractors would use these new procedures.

***Burden hours**: **190,198** REDON tests) x .42 hour (worker time)=79,883 hours*
***Cost**: 79,883 hours x $31.65 = $2,528,297*

***Burden hours**: **190,198 (**Modified PortaCount® tests) x .42 hour (worker time) = 79,883 hours*
***Cost**: 79,883 hours x $31.65 = $2,528,297*
Total Burden hours: (79,883 REDON) + (79,883 Modified PortaCount) = 159,766 hours
Cost: ($2,528,297 REDON) + (2,528,297 Modified PortaCount) = $5,056,594)

2. Qualitative Fit Testing by Respirator Manufacturers

The new protocols would not change the burden hours for the qualitative fit tests that are provided by respirator manufacturers.

***Burden hours**: 950,990 tests x .50 hour (worker time) = 475,495 hours*
***Cost**: 475,496 hours x $31.65 = $15,049,448*

3. In-House Fit Testing by Supervisors

Employers conduct in-house fit testing for 3,423,565 workers. Of these 649,480 workers will receive REDON in-house fit-testing taking a supervisor and employee 25 minutes. Also, OSHA estimates that in-house supervisors would administer 998,821 fit-tests using the proposed new PortaCount® protocols, each protocol test also takes 25 minutes (.42 hour) per fit-test. The remaining in-house fit-tests using other protocols will take 30 minutes to administer. The remaining 1,775,264 workers will receive qualitative or other protocol fit-testing taking 30 minutes.

REDON
Supervisors: 649,480 tests x .42 hour = 272,782
Workers: 649,480 tests x .42 hour = 272,782
*Total: **545,564 hours***

Cost
Supervisors: 272,782 hours x $55.82 = $15,226,691
Workers: 272,782 hours x $31.65 = $8,633,550
*Total: = $**23,860,241***

PortaCount® protocols (Program change)
Supervisors: 845,094 tests x .42 hour = 354,939
Workers: 845,094 tests x .42 hour = 354,939
Total: ***709,878 hours***

Cost
Supervisors 354,939 hours x $55.82 = $19,812,695
Workers: 354,939 hours x $31.65 = $11,233,819
*Total: = $***1,046,514**

Other Forms of Fit Testing*:*

Supervisors 1,928,991 x .50 hour = 964,496
Workers: 1,928,991 x .50 hour = 964,496
*Total****: 1,928,992 hours***

Supervisors 964,496 hours x $55.82 = $53,838,167
Workers: 964,496 hours x $31.65 = $30,526,298
*Total: = $****84,364,465***

Total Burden hours: REDON (*545,564 hours)* + PortaCount® protocols *(709,878 hours*) + Other Forms of Fit Testing (*1,928,992 hours) = 3,184,434 hours*
Total cost: REDON (*$23,860,241)* + PortaCount® protocols *($31,046,514)* + Other Forms of Fit Testing (*$84,364,465)* = $139,271,220

D. Maintenance and care of respirators (§1910.134(h))

Storing and marking emergency-use respirators (§1910.134(h)(2)(ii)(B))

This provision requires employers to store emergency-use respirators in compartments or protective covers and clearly mark the compartments or covers to indicate that they contain emergency-use respirators. The FEA estimated that approximately 2% of the employers who use respirators must comply with this marking requirement; hence, out of the total number of employers who use respirators (616,035) 12,321 would be affected by the provision. OSHA assumes that 10% of these employers (1,232) are new employers who are complying with this provision for the first time, and that each of these employers marks an average of two emergency-use respirators, for a total of 2,464 respirators. In addition, the Agency estimates that a worker takes 5 minutes (.08 hour) to mark a storage compartment or protective cover for each respirator. Therefore, the annual burden-hour and cost estimates for this requirement are:

Burden hours: 2,464 respirators x .08 hour = 197 hours

Cost: 197 hours x $31.65 = $6,235

Certification of inspection records for emergency-use respirators (§1910.134(h)(3)(iv)(A) and (h)(3)(iv)(B))

Employers must inspect emergency-use respirators at least monthly and then certify, in writing, the inspection records for these respirators. OSHA estimates that a worker takes 10 minutes (.17 hour) to perform the inspection and to complete the written certificate (e.g., enter the required inspection information on a tag or label attached to the compartment used to store the respirator). As noted in the previous section, the Agency determined that 12,321 employers each have 2 emergency-use respirators (for a total of 24,642 respirators). Accordingly, the yearly burden-hour and cost estimates for this provision are:

Burden hours: 24,642 respirators x 12 inspections/year x .17 hour = 50,270 hours
Cost: 50,270 hours x $31.65 = $1,591,046

E. Breathing air quality and use (§1910.134(i))

Certificate of analysis for cylinders (§1910.134(i)(4)(ii))

The Agency believes that it is the usual and customary practice among suppliers of purchased breathing air to provide employers with the required certificate when they purchase the breathing air. Therefore, OSHA is taking no burden for this requirement.

Sorbent beds and filters (§1910.134(i)(5)(iv))

The Agency assumes that employers make three sorbent-bed and filter changes on each air compressor annually. OSHA estimates that the requirement to maintain a tag on each compressor displaying the required change information applies to 25,157 compressors[18], and that a worker takes five minutes (.08 hour) to enter this information on a tag. Therefore, the annual burden hours and cost of this provision are:

Burden hours: 25,157 compressors x 3 changes/year x .08 hour = 6,038 hours
Cost: 6,038 hours x $31.65 = $191,103

(F) Training and information (§1910.134(k))

18 OSHA assumes that compressors are used in supplied air respirators and that the number of compressors declined at the same rate as total employment. The decline in total employment was calculated by comparing the 2001 CBP data to the 2011 CBP data. Hence, the -0.47% change is the change from 2001 to 2011 (see footnote 11). OSHA has updated the value contained in the 2001 ICR to update this 0.47% decline (24,727 x (1-.0047) = 24,611).

See Item 2. above.

(G) Recordkeeping (§1910.134(m))

Medical-Evaluation Records (§1910.134(m)(1))

Employers must maintain the medical-evaluation records required by the Standard in accordance with 29 CFR 1910.1020. For purposes of estimating the burden hours and cost imposed by this recordkeeping provision, the Agency assumed that each medical procedure (i.e., initial medical evaluation, follow-up medical examination, and additional medical evaluation) resulted in a record. Based on the determinations made under section (B) above, OSHA finds that employers must maintain 3,110,176 medical records each year (i.e., 2,306,425 initial medical evaluations + 530,478 follow-up medical examinations + 273,273 additional medical evaluations). In addition, the Agency estimates that a secretary takes 5 minutes (.08 hour) to maintain each medical record. Accordingly, the annual burden hours and cost of this recordkeeping requirement are:

Burden hours: 3,110,176 records x .08 hour = 248,814 hours
Cost: 248,814 hours x $24.01 = = $5,974,024

Respirator Fit-Testing Records (§1910.134(m)(2))

The fit-testing provisions of the Standard require employers to establish and maintain a record of the qualitative and quantitative fit tests administered to workers. As noted under section (C) above, employers collect 4,754,951 fit-testing records annually. OSHA estimates that a secretary spends 5 minutes (.08 hour) annually establishing and maintaining each of these records. The burden hours and cost associated with this provision are:

Burden hours: 4,754,951 records x .08 hour = 380,396 hours
Cost: 380,396 hours x $24.01 = $9,133,308

Written Respiratory Protection Program Records (§1910.134(m)(3))

In Paragraph A of Item 12 of this Supporting Statement, OSHA estimates the costs for employers to develop and update a written respiratory protection program. The Agency believes that, for each affected employer, a secretary takes 5 minutes (.08 hour) to maintain the program record. Therefore, this provision results in the following burden hours and cost:

Burden hours: 616,035 records x .08 hour = 49,283 hours
Cost: 49,283 hours x $24.01 = $1,183,285

Employee Access (§1910.134(m)(4))

OSHA assumes that each year 10% of the 5,465,461 workers subject to the medical-evaluation provisions of the Standard make a request to review their medical records. The Agency believes that a secretary takes 5 minutes (.08 hour) to process each of these requests. Therefore, this provision results in the following burden hours and cost:

Burden hours: 546,546 workers x .08 hour = 43,724 hours
Cost: 43,724 hours x $24.01= $1,049,813

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 on 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 collections services should be 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.**

	Current Cost	Requested Cost	Change in Cost
Medical Examinations	$156,778,307	$260,881,500	$104,103,193
Fit-Testing Materials	$3,803,082	$4,176,749	$373,667
Quantitative Fit-Test	$28,263,302	$31,040,313	$2,777,011
Total	$188,844,691	$296,098,562	$107,253,871

Medical Examinations

Assuming that each medical examination costs $324.58[19], the total cost of administering the medical examinations (see section (B) above (§1910.134(e)(3) and (e)(7)) is $260,881,500 (530,478 follow-up + 273,273 additional = 803,751 medical examinations)

Fit-Testing Materials

As noted under section (C) above, employers administer in-house fit tests to 3,423,565 workers each year. Estimating that the materials for each fit test cost $1.22[20], OSHA determined that the total cost of these materials is $4,176,749.[21]

Quantitative Fit Tests

Section (C) above shows that contractors administer quantitative fit tests to 380,396 workers. Having determined that the price of each of these fit tests is $81.60[22], the Agency found that the total cost of this testing was $31,040,313.

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 may also aggregate cost estimates from Items 12, 13, and 14 in a single table.

There is no cost to the Federal government associated with this collection of information.

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

OSHA requests an overall increase of 328,864 hours burden hours from 6,642,537 to 6,971,401 hours. This ICR requests both program changes and adjustments.

First, the Agency requests an adjustment increase of 479,296 hours, from 6,642,537 to 7,121,833 hours, as a result of updating the number of establishments and workers covered by the Standard.

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19 The previous ICR assumed that each medical examination cost $294.75. The Consumer Price Index (CPI) indicated a 10.12% increase in the price of medical services from December 2010 to December 2013; the cost of a medical examination was assumed to have increased by 10.12% as well.

20 The previous ICR assumed that materials for each fit test cost $1.15. Given an increase in the overall CPI of 6.42% from 2010 to 2013, it was assumed that the cost of materials increased by 6.42% as well.

21 OSHA is not including the cost of administering qualitative fit tests as a capital expense because respirator manufacturers provide this service at no cost to employers with the purchase of their respirators.

22 The previous ICR determined that the price of quantitative fit test was $76.68. Given an increase in the overall CPI of 6.42% from 2010 to 2013, it was assumed that the cost of quantitative fit tests increased by 6.42% as well.

Second, OSHA requests a program change reduction of 150,432 hours as a result of employers choosing to administer the two modified PortaCount® quantitative fit-testing protocols.

The Agency is also requesting a $107 million increase as a result of updating the number of employees covered by the standard; and the inclusion of medical costs for those employees that will have additional medical examinations.

The increase in establishments and workers increased the number of responses by 2 million.

16. For collection 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 will not publish the information collected under the 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 such an exception.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This Supporting Statement does not contain any collection of information requirements that employ statistical methods.

Table 1

Description of Requested Burden-Hour

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
Respiratory Protection Program	481,998	484,338	2,340	$27,036,747	173,969	Adjustment: While there was a slight decrease in the number of new employers from 63,462 to 63,452. There was an increase in the number of existing employers from 109,350 to 110,517. This resulted in an overall increase in burden hours. Also, the percentage of new employers slightly decreased from 10.4% to 10.3%.
Medical Evaluation						
Medical Evaluation: Initial Medical Evaluations, Follow-up Medical Examinations, Additional Medical Evaluations, and Information Provided to the PLHCP	1,719,680	1,888,646	168,966	$54,848,419	5,689,874	Adjustment: Increase in the number of estimated workers covered by the Standard, from 4,976,500 to 5,465,461 workers.
Fit Testing	3,723,418	3,819,695	246,709 (Adj.) -150,432 (PC)	$159,377,262	8,178,517	Adjustment (Adj.): There was an increase of 246,709 burden hours as a result of increasing the number of workers covered by this provision

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
						from 4,976,500 to 5,465,461. This increase offset a small decrease in burden hours as a result of OSHA reducing the amount of time an employee takes to receive, and in some cases a supervisor provide, a REDON fit-test. Program Change (PC): There was a 150,432 Program change decrease as a result of employers choosing to administer the two modified PortaCount® quantitative fit-testing protocols
Maintenance and Care of Respirators:						
Storing and Marking Emergency-Use Respirator	195	197	2	$6,235	2,464	Adjustment: As a result of increasing the number of employers who use respirators, there was an increase in the number of employers who must store and mark emergency use respirators.
Certification of Emergency-Use Respirator	49,792	50,270	478	$1,591,046	295,704	Adjustment: As a result of increasing the number of employers who use respirators, there was an increase in the number of employers who certify emergency use respirators.
Breathing air quality and use						
Certificate of						

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
Analysis of Cylinders						
Sorbent Beds and Filters	5,907	6,038	131	$191,103	75,471	Adjustment: Using the same date, OSHA increased the number of Sorbet Beds and filters. From 24,611 to 25,157.
Training and Information	0	0	0	0		
Recordkeeping						
Medical-Evaluation Records	226,554	248,814	22,260	$5,974,024	3,110,176.	Adjustment: Increase in the number of estimated workers covered by the Standard, from 4,976,500 to 5,465,461 workers
Fit-Testing Records	346,364	380,396	34,032	$9,133,308	4,754,951	Adjustment: The number of fit-test records increased from 4,329,555 to 4,754,951 records.
Written Program Record	48,817	49,283	466	$1,183,285	616,035	Adjustment: The number of employers maintaining written respiratory programs increased from 610,213 records to 615,035 records.
Employee Access	39,812	43,724	3,912	$1,049,813	546,546	Adjustment: The number of employees requesting access to their records increased from 497,650 to 546 546.
TOTALS	**6,642,537**	**6,971,401**	**328,864 (-150,432) (479,296)**	**260,391,241**	**23,443,707**	