**INSTRUCTIONS:** Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

TITLE OF INFORMATION COLLECTION DOCUMENT

Location of Irradiation Treatment Facilities in the United States

OMB NO.

0579-0383

DATE PREPARED

March 4, 2016

									Iviai	11 4, 2010
IDENTIF	CATION OF REPORTING OR RECORDING REQUIREMENT			ANNUAL BURDEN						
				REPORTS				RECORDS		
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)	(K)
305.9(1)	Demonstration lainted Contification and Incorporation of	None	1	1.0						0
305.9(d)	Certification and Recertification (business) (same)	None	1	1.0	1.0	15.00	15.0			
305.9(m)	Denial and Withdrawal of Certification (business) (same)	None	1	1.0	1.0	8.00	8.0			0
305.9(c)	Compliance Agreements (business (facility)) (same)	PPQ 519	5	1.0	5.0	1.25	6.3			
305.9(c)	Compliance Agreements (business (importer))	PPQ 519	5	1.0	5.0	1.25	6.3			0
305.9(e)(1)	Irradiation facilities treating imported articles; irradiation treatment framework equivalency workplan (foreign government)	None	4	1.0	4.0	0.50	2.0			0
305.9(e)(3)	Irradiation Facilities Notification (business) (same)	None	5	8.0	40.0	0.25	10.0			
305.9(k)	Records (business)				0.0		0.0	5	8.0	40
	SUBTOTAL	,	9		57		208	5.00		40
	TOTAL OF ALL PAGES	5	29		272		245	5.00		40

TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c
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SUMMARY OF INFORMATION COLLECTION

APHIS FORM 71

SUMMARY OF INFORMATION COLLECTION

USDA-APHIS

**INSTRUCTIONS:** Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

Location of Irradiation Treatment Facilities in the United States

TITLE OF INFORMATION COLLECTION DOCUMENT

**ОМВ NO.** 0579-0383

(K)Total/(I)Total = (J)Average

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average

DATE PREPARED

**NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

March 11, 2015

IDENTIFIED	IGATION OF PEROPENO OR PEROPENSE PEROPENSE	1		ANNUAL DUDDEN							
IDENTIFI	ICATION OF REPORTING OR RECORDKEEPING REQUIREMENT	-		ANNUAL BURDEN REPORTS					RECORDS		
				REPORTS					TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-	
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS	
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)	
				RESPONDENT					KEEPER		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	
305.9(a)(1) (viii)	Facility maintain & provide updated map identifying place horticultural/crop are grown (business)	None	5	3.0	15.0	0.50	7.5			0	
305.9(a)(1) (iv)	Facility contingency plan (business) (same)	None	5	3.0	15.0	0.50	7.5			0	
305.9(a)(1) (ii)	Letter of Concurrence or non agreement (states)	None	15	1.0	15.0	0.50	7.5			0	
305.9(a)(1) (vi)	Treatment Arrangements (business) (same)	None	5	30.0	150.0	0.03	5.0			0	
305.9(a)(1) (viii)	Pest Management Plan (business) (same)	None	5	3.0	15.0	0.50	7.5			0	
305.9(a)(1) (i)	Facility to Maintain and provide Updated Map Identifying Place Horticultural/Crops are Grown (business) (same)	None	5	1.0	5.0	0.50	2.5			0	
	SUBTOTAL		20		215.0		37	0		0	