

| IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT | | | ANNUAL BURDEN | | | | | | | | RESPONDENT COST | |
|--|--|---|---------------------------|---------------------------------------|--|---------------------------|---------------------------------|------------------------------|---------------------------------------|--|----------------------|--------------------------------|
| SECTION OF REGS. (A) | DESCRIPTION (B) | FORMS NO (S) (If "none" so state) (C) | REPORTS | | | | | RECORDS | | | RESPONDENT COST | |
| | | | NO. OF RESPONDENTS (D) | NO OF RESPONSES PER RESPONDENT (E) | TOTAL ANNUAL RESPONSES (Col. D x E) (F) | HOURS PER RESPONSE (G) | TOTAL HOURS (Col. F x G) (H) | NO. OF RECORD-KEEPERS (I) | ANNUAL HOURS PER RECORD-KEEPER (J) | TOTAL RECORD-KEEPING HOURS (Col. I x J) (K) | COST PER HOUR (L) | TOTAL COST (Col. H x L) (M) |
| | Work Capacity Test Informed Consent -- Forest Service | FS-5100-30 | 20,271 | 1 | 20,271 | 0.090 | 1,824.4 | | | 0.00 | 21.84 | \$39,844.68 |
| | -- Department of Interior | FS-5100-30 | 14,679 | 1 | 14,679 | 0.090 | 1,321.1 | | | 0.00 | 21.84 | \$28,853.04 |
| | Health Screening Questionnaire -- Forest Service | FS-5100-31 | 20,271 | 1 | 20271 | 0.050 | 1,013.6 | | | 0.00 | 21.84 | \$22,135.93 |
| | -- Department of Interior | FS-5100-31 | 14,679 | 1 | 14,679 | 0.050 | 734.0 | | | 0.00 | 21.84 | \$16,029.47 |
| | Medical Exam -- Forest Service | FS-5100-32 | 9,810 | 1 | 9,810 | 0.500 | 4,905.0 | | | 0.00 | | \$0.00 |
| | Self-Certification Statement and Blood Pressure Check Forest Service | FS-5100-33 | 9,810 | 1 | 9,810 | 0.050 | 490.5 | | | 0.00 | | \$0.00 |
| | SUBTOTAL | | | | 89,520 | | 10,288.5 | 0.00 | | 0.00 | | \$106,863 |
| | TOTAL OF ALL PAGES | | | | 89,520 | | 10,288.5 | 0.00 | | 0.00 | | \$106,863 |
| | TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c | | | | 89,520 | | 10,288.5 | | | | | |