Supporting Statement
OMB-2120-0702

Use of Certain Portable Oxygen Concentrator (POC) Devices Onboard Aircraft (SFAR)

Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection.

In the SFAR, we require the pilot in command to be apprised whenever a passenger, whose physician's statement prescribes extensive use of oxygen, brings a POC on board the aircraft. Also, we require passengers who have a medical need to use a POC during flight to have a signed physician statement in their possession that describes the oxygen therapy needed for the duration of the flight. This SFAR satisfies the Department of Transportation's Strategic Plan Goal on Mobility.

The new Notice of Proposed Rulemaking titled "Acceptance Criteria for Portable Oxygen Concentrators Used On Board Aircraft," published on September 19, 2014, will remove the public collection requirements included in this information collection request. Until the action described in that NPRM goes into effect, these requirements will need to remain in place.

2. Indicate how, by whom, and for what purpose the information is to be used.

The information provided to the pilot in command is used to determine whether an inflight diversion to an airport where medical assistance for the passenger may be needed in the event the passenger's POC fails to operate or the aircraft experiences cabin pressurization difficulties. The physician statement will be used by the operator to verify the need for the device, the oxygen therapy needed to be provided by use of the POC, and the oxygen needs of the passenger in case of emergency.

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.

The collection of this information does not use automated, electronic, mechanical or other technological collection techniques. In the case of informing the pilot in command, the information may be transmitted in writing or verbally. In the case of the physician statement, a hard-copy statement with an original signature will need to be provided. 0% of this information collection can be submitted electronically because this is a 3rd Party Disclosure that requires an original signed

physician statement to be presented, and a verbal communication with the flight crew or gate agent.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purpose(s) described in 2 above.

A passenger using a POC may already have an appropriate physician statement, and does not need to see a physician for a new statement before each flight. One statement will suffice for all future flights unless the person's oxygen therapy needs change. It will need to be modified to display the information required in this SFAR. Informing the pilot that a POC will be used during flight does not apply to this question.

5. If the collection of information has a significant impact on a substantial number of small businesses or other small entities (item 5 of OMB Form 83-1), describe the methods used to minimize burden.

This collection will not have a significant impact on a substantial number of small entities.

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.

There is no consequence to any Federal program or policy activities if this information collection is not conducted. The physician statement will benefit the passenger and the flight crew in the event the POC device stops functioning. The statement will make it easier for a flight attendant to serve the passengers need. Without this information collection, a passenger could not carry on and use a POC device.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with 5 CFR 1320.5(d)(2)(i)-(viii).

No special circumstances exist that would require collection to be inconsistent with 5 CFR 1320.5(d)(2)(i)-(viii).

8. Describe the 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 the recordkeeping disclosure, or reporting format (if any) and on the data elements to be recorded, disclosed, or reported.

A notice for public comment was published in the Federal Register on July 31, 2014, vol. 79, no. 147, page 44486. No comments were received.

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

There are no payments or gifts.

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

There are no such assurances.

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.

There are no questions of this nature.

12. Provide estimates of the hour burden for the collection of information. The statements should: Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. 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.

We estimate that 2,053 new physician's statements will be filed in 4 months of this active collection activity. It is estimated to take 5 minutes to complete each statement. Hence, the annual hour burden for 2015 is estimated to be:

Annual Hour Burden: (5/60) x 2,053 = 171.076 hours

The average loaded hourly wage for a physician is $105.30. Thus, the estimated average annual cost of obtaining a physician's statement is estimated to be:

Annual Cost Burden: $105.30 x 171.076 = $18,014.30

We estimate that in 4 months, passengers affected by this collection of information would make about 238,765 flights. On each flight either a flight attendant or a gate agent would notify the pilot in command that a POC would be in use during flight. We estimate that it will take five minutes or .083 hours for the flight attendant or gate agent, to notify the pilot in command, and one minute (or .017 hours) for the pilot to record it.

Annual time for Flight Attendant/Gate Agent:	.083 x 238,765 = 19,817 hours
Annual time for Pilot in Command:	.017 x 238,765 = 4,059 hours
Total Annual Notification Time:	23,876 hours.

The average loaded hourly wage rate for a Flight Attendant/Gate Agent is estimated to be $29.05, and the average loaded hourly wage rate for a pilot in command is estimated to be $148.46.

Annual cost for Flight Attendant: $29.05 x 19,817 = $575,683
Annual cost for Pilot in Command: $148.46 x 4,059 = $602,599

Cost Summary

In summary, this collection activity is estimated to have an annual hour burden of 23,876 hours, and estimated annual cost of $1,178,282.

Summary of Paperwork Costs		
Action	Hours	Cost
Obtaining Physician's Statement	171	$18,014
Notifying PIC and flight attendant	23,876	$1,178,282
Totals	24,047	$1,196,296

13. ***Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information.***

There are no costs not already included in Question 12.

14. Provide estimates of annualized cost to the Federal Government.

The annual cost to the Federal Government for analysis of burden data related to this public third-party disclosure action is negligible.

15. Explain the reasons for any program changes or adjustments reported in Items 13 of 14 of the OMB Form 83-I.

The burden and costs for completion of physician's statements and flight crew notification have been revised based on a 4 month collection timeframe. The publication of 2120-AK32, Acceptance Criteria of Portable Oxygen Concentrators Used On Board Aircraft (79FR56303), eliminates the requirement to collect this information so it will be withdrawn after 4 months.

16. For collections of information whose results are planned to 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.

No information collected as a result of this collection activity will be published.

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

No such approval is being sought.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

There are no exceptions.