REPRODUCE LOCALLY. Include form number and date on all reproductions. SUMMARY	OF INFORMATION COLLECTION	Page 1 of 2
INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and	TITLE OF INFORMATION COLLECTION DOCUMENT	OMB NO.
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.	Standardizing Phytosanitary Treatment Regulations: Approval of Cold	0579-XXXX
(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average	Treatment and Irradiation Facilities; Cold Treatment Schedules;	
(K)Total/(I)Total = (J)Average	Establishment of Fumigation and Cold Treatment Compliance	DATE PREPARED
NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6	Agreements (APHIS-2013-0081)	
years, list as "1/6" & decimal will display.		June 30, 2016

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN								
				REPORTS					RECORDS		
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
305.5 (c) (1	Compliance Agreements or equivalent (importer/facility operator)(business)	PPQ 519	5	1.00	5.00	0.50	2.50			0.00	
	Tacilities) (INPPO)	PPQ 519	3	1.00	3.00	0.50	1.50			0.00	
305.5 (c)(2)	Compliance Agreements or equivalent (interstate Hawaii) (business)	PPQ 519	2	1.00	2.00	0.50	1.00			0.00	
305.5(c)(3)	Compliance Agreements or equivalent (interstate business for fruit flies)	PPQ 519	2	1.00	2.00	0.50	1.00			0.00	
305.6(a)	Facility Certification (business) (same facility respondents)	None	5	1.00	5.00	0.50	2.50			0.00	
305.6(b)(1)(i)	Detailed Layout Map (business) (same facility respondents)	None	5	1.00	5.00	0.50	2.50			0.00	
	SUBTOTAL		17		22.00		11.00	0.00		0.00	
	TOTAL OF ALL PAGES				42.00		21.00	0.00		0.00	
тот	AL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				42.00		21.00				

INSTRUCTIONS: Use this form when a single information collection document invol recordkeeping requirements. The totals of the figures in cols. should be entered in item cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. (F) (F)Total/(D)Total = (J)Average (H)T (K)Total/(I)Total = (J)Average (H)T (K)Total/(I)Total = (J)Average (H)T vears, list as "1/6" & decimal will display.		m 13 of OMB-83-1: ls. H & K = 13c. H)Total/(F)Total = (G)Average		TITLE OF INFORMATION COLLECTION DOCUMENT Standardizing Phytosanitary Treatment Regulations: Approval of Cold Treatment and Irradiation Facilities; Cold Treatment Schedules; Establishment of Fumigation and Cold Treatment Compliance Agreements (APHIS-2013-0081)					OMB NO. 0579-XXXX DATE PREPARED			
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT				ANNUAL BURDEN								
				REPORTS						RECORDS		
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)		
305.6(b)(1) (ii)	State Government Written Concurrence (state)	None	5	1.00	5.00	0.50	2.50			0.00		
305.6(b)(1)(x)	Facility Maps of local area (business) (same facility respondents)	None	5	1.00	5.00	0.50	2.50			0.00		
	Contingency Plan (business) (same facility respondents)	None	5	1.00	5.00	0.50	2.50			0.00		
305.6 (b) (2)	Limited Permits (business) (same facility)	PPQ 530	5	1.00	5.00	0.50	2.50			0.00		
					0.00		0.00			0.00		
					0.00		0.00			0.00		
	SUBTOTAI				20.00		10.00	0		0.00		