Note

OSHA is initiating a regulatory review of its existing safety and health standards in response to the President's Executive Order 13563, "Improving Regulations and Regulatory Review" (76 FR 38210). This review, the Standards Improvement Project–Phase IV (SIP IV), is the fourth in a series of rulemaking actions to improve and streamline OSHA standards. OSHA's Standards Improvement Projects remove or revise individual requirements in safety and health standards that are confusing, outdated, duplicative, or inconsistent. The goal of the proposed rulemaking is to reduce regulatory burden while maintaining or enhancing worker safety and health.

As part of the SIP IV proposal, OSHA is proposing to remove the provisions in its standards that require employers to collect and record employees' social security numbers. Therefore, the Agency requests to remove the social security number collection requirements from the provisions in this Information Collection Requests (ICR).

SUPPORTING STATEMENT FOR THE
COLLECTION OF INFORMATION REQUIREMENTS OF THE
METHYLENE CHLORIDE STANDARD (29 CFR 1910.1052)[1]
OFFICE OF MANAGEMENT AND BUDGET (OMB)
CONTROL NO. 1218-0179 (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 main objective of the Occupational Safety and Health ("OSH Act") 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 standards" (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 . . . to most effectively determine whether the health of such employees is adversely affected by such exposure" (29 U.S.C. 655). The OSH Act also 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 the 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 the Agency to "issue regulations requiring employers to maintain accurate records of employee exposures 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 [his/her] responsibilities under this Act, including rules and regulations dealing with the inspection of an employer's establishment" (29 U.S.C. 651).

[1]The purpose of this Supporting Statement is to analyze and describe the burden hours and cost associated with provisions of the Methylene Chloride Standard that contain paperwork requirements; it does not provide information or guidance on how to comply with or to enforce the standard. The Methylene Chloride Standard for the Construction Industry and Shipyard Employment Industry (29 CFR 1926.1052 and 29 CFR 1915.1052, respectively) incorporate 29 CFR 1910.1052 by reference.

Under the authority granted by the OSH Act, OSHA published a health standard regulating worker exposure to methylene chloride (the "Standard"; 29 CFR 1910.1052, 29 CFR 1915.1052, and 29 CFR 1926.1152.). The basis for the Standard was a determination by OSHA that occupational exposure to methylene chloride (MC) poses a hazard to workers. MC is a solvent used for such applications as paint stripping, polyurethane-form manufacturing, cleaning, and degreasing. Inhalation and skin exposure are the predominant means of worker exposure to MC. Inhaling MC vapor causes mental confusion, light-headedness, nausea, vomiting, and headache. With acute or short-term exposure, MC acts as an anesthetic; prolonged exposure may cause staggering, unconsciousness, and even death. High concentrations of MC vapors may cause eye and respiratory tract irritation, and aggravate angina symptoms. Skin contact with liquid MC causes irritation and burns, while splashing MC into eyes causes irritation. Studies on laboratory animals indicate that long-term (chronic) exposure causes cancer. Workers exposed to MC are at increased risk of developing cancer, adverse heart effects, central nervous system and liver damage, and severe skin or eye irritation. Items 2 and 12 below list and describe the specific collection of information 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.

A. Exposure monitoring (§1910.1052(d))

Initial determination (§1910.1052(d)(2)) -- Each employer whose employees are exposed to MC shall perform initial exposure monitoring to determine each affected employee's exposure, except under the following conditions:

§1910.1052(d)(2)(i) -- Where objective data demonstrate that MC cannot be released in the workplace in airborne concentrations at or above the action level or above the STEL. [2] The objective data shall represent the highest MC exposures likely to occur under reasonably foreseeable conditions of processing, use, or handling. The employer shall document the objective data exemption as specified in paragraph (m) of this section;

§1910.1052(d)(2)(ii) -- Where the employer has performed exposure monitoring within 12 months prior to April 10, 1997 and that exposure monitoring meets all other requirements of this section, and was conducted under conditions substantially equivalent to existing conditions; or

§1910.1052(d)(2)(iii) -- Where employees are exposed to MC on fewer than 30 days per year (e.g., on a construction site), and the employer has measurements by direct-reading instruments which give immediate results (such as a detector tube) and which provide sufficient information regarding employee exposures to determine what control measures are necessary to reduce exposures to acceptable levels.

Purpose: Initial monitoring assists employers in identifying areas of operation that may require additional efforts to reduce exposure and come into compliance with the Standard. Initial monitoring results also assist employers in determining the need for engineering controls,

[2]The 8-hour TWA assesses an employee's exposure relative to the 8-hour TWA permissible exposure limit (PEL), while the 15-minute exposure measurement determines the employee's exposure relative to the short-term exposure limit (STEL).

instituting or modifying work practices, and selecting appropriate respiratory protection to prevent worker overexposure. This information also determines whether or not the employer must perform periodic monitoring.

Periodic monitoring (§1910.1052(d)(3)) -- Where the initial determination shows employee exposures at or above the action level or above the STEL, the employer shall establish an exposure monitoring program for periodic monitoring of employee exposure to MC in accordance with Table 1:

Table 1

Employee Exposure	Monitoring Frequency
Below the AL and at or below the STEL.	No 8-hour TWA or STEL monitoring required.
Below the AL and above the STEL.	No 8-hour TWA exposure monitoring required; must assess STEL every 3 months.
At or above the AL, at or below the TWA, and at or below the STEL.	Monitor 8-hour TWA every 6 months.
At or above the AL, at or below the TWA, and above the STEL.	Monitor 8-hour TWA every 6 months and STEL every 3 months.
Above the TWA and at or below the STEL.	Monitor 8-hour TWA every 3 months.
Above the TWA and above the STEL.	Monitor 8-hour TWA and STEL every 3 months.

Purpose: Periodic monitoring is appropriate because relatively minor changes in processes, materials, or ambient conditions may affect airborne concentrations of MC; therefore, by using periodic monitoring, employers can evaluate the effectiveness of selected control methods. In addition, periodic measurements remind both the employer and worker of the continued need to protect against the hazards that can result from overexposure to MC.

Additional monitoring (§1910.1052(d)(4)(1)) -- The employer shall perform exposure monitoring when a change in workplace conditions indicates that employee exposure may have increased. Examples of situations that may require additional monitoring include changes in production, process, control equipment, or work practices, or a leak, rupture, or other breakdown.

Purpose: Additional monitoring ensures that the workplace is safe, or alerts the employer to the need to increase worker protection.

Employee notification of monitoring results (§1910.1052(d)(5)(i)) -- The employer shall, within 15 working days after the receipt of the results of any monitoring performed under this section,

notify each affected employee of these results in writing, either individually or by posting of results in an appropriate location that is accessible to affected employees.

§1910.1052(d)(5)(ii) -- Whenever monitoring results indicate that employee exposure is above the 8-hour TWA PEL or the STEL, the employer shall describe in the written notification the corrective action being taken to reduce employee exposure to or below the 8-hour TWA PEL or STEL and the schedule for completion of this action.

Purpose: Notification provides workers with information about the efforts the employer is taking to lower their MC exposures and to furnish them with a safe and healthful workplace in accordance with section 8(c)(3) of the Act.

B. Regulated areas (§1910.1052(e))

§1910.1052(e)(6) The employer shall demarcate regulated areas from the rest of the workplace in any manner that adequately establishes and alerts employees to the boundaries of the area and minimizes the number of authorized employees exposed to MC within the regulated area. [3]

Purpose: The purpose of a regulated area is to ensure that the employer makes workers aware of the presence of MC at levels above the PEL or STEL, and to limit exposure to as few workers as possible.

§1910.1052(e)(7) -- An employer at a multi-employer worksite who establishes a regulated area shall communicate the access restrictions and locations of these areas to all other employers with work operations at that worksite. [4]

Purpose: This requirement protects the workers of the other employers by ensuring that they avoid the regulated areas or are properly protected if they enter a regulated area.

C. Respiratory protection (§1910.1052(g))

Respirator program (§1910.1052(g)(2))

[3]The Agency believes that the regulated areas provision does not result in an information collection burden to employers because it is performance oriented and does not require employers to post warning signs. Therefore, OSHA is not attributing any burden hours or cost to this provision under PRA-95.

[4]This provision is similar to a requirements specified in paragraph (e)(2) ("Multi-employer workplaces") of OSHA's Hazard Communication (HC) Standard (§§ 1910.1200, 1915.1200, and 1926.59). Accordingly, the Agency is accounting for the burden hours and cost resulting from this notification requirement under the Information Collection Request (ICR) for the HC Standard, Office of Management and Budget (OMB) Control Number 1218-0072.

(i) The employer must implement a respiratory protection program in accordance with §1910.13[4](b) through (m) (except (d)(1)(iii)), which covers each employee required by this section to use a respirator. [5, 6]

Purpose: To ensure that employers establish a standardized procedure for selecting, using, and maintaining respirators for each workplace that requires respirator use. Developing written procedures ensures that employers implement the required respirator program in an effective and reliable manner that addresses the unique characteristics (including chemical hazards) of the workplace.

Medical evaluation (§1910.1052(g)(4)) - Before having an employee use a supplied-air respirator in the negative-pressure mode, or a gas mask with an organic-vapor canister for emergency escape, the employer must: [7]

§1910.1052(g)(4)(i) -- Have a physician or other licensed health-care professional (PLHCP) evaluate the employee's ability to use such respiratory protection.

§1910.1052(g)(4)(ii) -- Ensure that the PLHCP provides their findings in a written opinion to the employee and the employer.

Purpose: The medical evaluation provides the employer and worker with assurance that the worker can safely use the respirators covered by this provision.

D. Medical surveillance (§1910.1052(j))

Affected Employees (§1910.1052(j)(1)) -- The employer shall make medical surveillance available for employees who are or may be exposed to MC as follows:

§1910.1052(j)(1)(i) -- At or above the action level on 30 or more days per year, or above the 8-hour TWA PEL or the STEL on 10 or more days per year;

§1910.1052(j)(1)(ii) -- Above the 8-TWA PEL or STEL for any time period where an employee has been identified by a physician or other licensed health care professional as being at risk from cardiac disease or from some other serious MC-related health condition and such employee requests inclusion in the medical surveillance program;

§1910.1052(j)(1)(iii) -- During an emergency.

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[5]Paragraph (c) of §1910.134 requires employers to develop and implement a written respiratory-protection program with worksite-specific procedures, including program elements for respirator use.

[6]OSHA accounts for the burden hours and costs resulting from the respiratory-protection requirements under the Information Collection Request (ICR) for its Respiratory Protection Standard (§1910.134), OMB Control No. 1218-0099.

[7]The Agency believes that this requirement does not result in an information collection burden to employers because the provision requires PLHCPs, not employers, to provide the written opinion to workers. Therefore, OSHA is not attributing any burden hours or cost to this provision under PRA-95.

Frequency of Medical Surveillance: Initial Surveillance, Periodic Medical Surveillance, Termination of Employment or Reassignment, and Additional Surveillance (§ 1910.1052(j)(4)(i)-(j)(4)(iv))

Frequency of medical surveillance (§1910.1052(j)(4)) -- The employer shall make medical surveillance available to each affected employee as follows:

Initial surveillance (§1910.1052(j)(4)(i)) -- The employer shall provide initial medical surveillance under the schedule provided by paragraph (n)(2)(iii) of this section, or before the time of initial assignment of the employee, whichever is later. The employer need not provide the initial surveillance if medical records show that an affected employee has been provided with medical surveillance that complies with this section within 12 months before April 10, 1997.

Periodic medical surveillance (§1910.1052(j)(4)(ii)) -- The employer shall update the medical and work history for each affected employee annually. The employer shall provide periodic physical examinations, including appropriate laboratory surveillance, as follows:

> §1910.1052(j)(4)(ii)(A) -- For employees 45 years of age or older, within 12 months of the initial surveillance or any subsequent medical surveillance; and
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> §1910.1052(j)(4)(ii)(B) -- For employees younger than 45 years of age, within 36 months of the initial surveillance or any subsequent medical surveillance.

Termination of employment or reassignment (§1910.1052(j)(4)(iii)) -- When an employee leaves the employer's workplace, or is reassigned to an area where exposure to MC is consistently at or below the action level and STEL, medical surveillance shall be made available if six months or more have elapsed since the last medical surveillance.

Additional surveillance (§1910.1052(j)(4)(iv)) -- The employer shall provide additional medical surveillance at frequencies other than those listed above when recommended in the written medical opinion. [8] (For example, the physician or other licensed health care professional may determine an examination is warranted in less than 36 months for employees younger than 45 years of age based upon evaluation of the results of the annual medical and work history.)

Purpose: The medical-surveillance program specified by the Standard enables employers to determine if any workers have underlying health conditions that places them at increased risk if exposed to MC, to insofar as possible, early or mild clinical conditions related to MC exposure so that they can take appropriate preventive measures; and identify any diseases that occur as a result of MC exposure.

Documentation and maintenance of medical-surveillance results provide a continuous record of worker health. PLHCPs use these records to determine the extent to which workers, subsequent to their last medical examination, experience health effects related to MC exposure. Further, if

[8]OSHA believes that PLHCPs seldom make such a recommendation and, therefore, is not attributing any burden hours or cost to this requirement.

symptoms of organic damage appear, the PLHCP often needs information about an worker's previous medical conditions to make an accurate diagnosis of the new condition, ascertain its apparent cause, and identify a course of treatment. Medical records also permit workers to determine whether or not they need treatment, or to evaluate the effectiveness of their employer's exposure-reduction program.

Information provided to the physician or other licensed health care professional (§1910.1052(j)(8))

The employer shall provide the following information to a physician or other licensed health care professional who is involved in the diagnosis of MC-induced health effects:

§1910.1052(j)(8)(i) -- A copy of this section including its applicable appendices;

§1910.1052(j)(8)(ii) -- A description of the affected employee's past, current and anticipated future duties as they relate to the employee's MC exposure;

§1910.1052(j)(8)(iii) -- The employee's former or current exposure levels or, for employees not yet occupationally exposed to MC, the employee's anticipated exposure levels and the frequency and exposure levels anticipated to be associated with emergencies;

§1910.1052(j)(8)(iv) -- A description of any personal protective equipment, such as respirators, used or to be used; and

§1910.1052(j)(8)(v) -- Information from previous employment-related medical surveillance of the affected employee which is not otherwise available to the physician or other licensed health care professional.

Purpose: Making this information available to PLHCPs assists them in evaluating the worker's health and fitness for specific job assignments involving MC exposure. The PLHCP uses this information to determine if an observed health condition involves MC exposure and, if so, the need to reduce the worker's MC exposure. Accordingly, if symptoms of organic damage appear, the PLHCP must obtain information about a worker's previous medical conditions to make an accurate diagnosis of the new condition, its apparent cause, and the course of treatment required. The information also notifies the PLHCP regarding the existence and extent of potential sources of occupational diseases. In addition, medical records allow workers to determine whether or not they require treatment, and to evaluate the effectiveness of the employer's exposure-reduction program.

Written medical opinions (§1910.1052(j)(9))

§1910.1052(j)(9)(i) -- For each physical examination required by this section, the employer shall ensure that the physician or other licensed health care professional provides to the employer and to the affected employee a written opinion regarding the results of that examination within 15 days of completion of the evaluation of medical and laboratory findings, but not more than 30

days after the examination. The written medical opinion shall be limited to the following information:[9]

> §1910.1052(j)(9)(i)(A) -- The physician or other licensed health care professional's opinion concerning whether exposure to MC may contribute to or aggravate the employee's existing cardiac, hepatic, neurological (including stroke) or dermal disease or whether the employee has any other medical condition(s) that would place the employee's health at increased risk of material impairment from exposure to MC.
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> §1910.1052(j)(9)(i)(B) -- Any recommended limitations upon the employee's exposure to MC, including removal from MC exposure, or upon the employee's use of respirators, protective clothing, or other protective equipment.
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> §1910.1052(j)(9)(i)(C) -- A statement that the employee has been informed by the physician or other licensed health care professional that MC is a potential occupational carcinogen, of risk factors for heart disease, and the potential for exacerbation of underlying heart disease by exposure to MC through its metabolism to carbon monoxide; and
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> §1910.1052(j)(9)(i)(D) -- A statement that the employee has been informed by the physician or other licensed health care professional of the results of the medical examination and any medical conditions resulting from MC exposure which require further explanation or treatment.

§1910.1052(j)(9)(ii) -- The employer shall instruct the physician or other licensed health care professional not to reveal to the employer, orally or in the written opinion, any specific records, findings, and diagnoses that have no bearing on occupational exposure to MC.

Purpose: The Standard requires the PLHCP to supply a copy of the written medical opinion directly to both the employer and the worker. Providing copies of the same written opinion both to the employer and the worker ensures that the employer is aware of any factors that may influence work assignments or choice of personal protective equipment.

Medical removal protection (MRP) (§1910.1052(j)(11))

> §1910.1052(j)(11)(i)(A) -- Except as provided in paragraph (j)(10) of this section, when a medical determination recommends removal because the employee's exposure to MC may contribute to or aggravate the employee's existing cardiac, hepatic, neurological (including stroke), or skin disease, the employer must provide medical removal protection benefits to the employee and either:

[9]The Agency believes that this requirement does not result in an information collection burden to employers because the provision requires PLHCPs, not employers, to provide the written opinion to workers. Therefore, OSHA is not attributing any burden hours or cost to this provision under PRA-95.

§1910.1052(j)(11)(i)(A)(1) -- Transfer the employee to comparable work where methylene chloride exposure is below the action level; or

§1910.1052(j)(11)(i)(A)(2) -- Remove the employee from MC exposure. [10]

§1910.1052(j)(11)(i)(B) -- If comparable work is not available and the employer is able to demonstrate that removal and the costs of extending MRP benefits to an additional employee, considering feasibility in relation to the size of the employer's business and the other requirements of this standard, make further reliance on MRP an inappropriate remedy, the employer may retain the additional employee in the existing job until transfer or removal becomes appropriate, provided:

§1910.1052(j)(11)(i)(B)(1) -- The employer ensures that the employee receives additional medical surveillance, including a physical examination at least every 60 days until transfer or removal occurs; and

§1910.1052(j)(11)(i)(B)(2) -- The employer or PLHCP informs the employee of the risk to the employee's health from continued MC exposure.

§1910.1052(j)(11)(i)(C) -- The employer shall maintain in effect any job-related protective measures or limitations, other than removal, for as long as a medical determination recommends them to be necessary.

[10]Paragraph (j)(10) specifies that the physician or other licensed health care professional shall presume, unless medical evidence indicates to the contrary, that a medical condition is unlikely to require medical removal from MC exposure if the employee is not exposed to MC above the 8-hour TWA PEL. If the physician or other licensed health care professional recommends removal for an employee exposed below the 8-hour TWA PEL, the physician or other licensed health care professional shall cite specific medical evidence, sufficient to rebut the presumption that exposure below the 8-hour TWA PEL is unlikely to require removal, to support the recommendation. If such evidence is cited by the physician or other licensed health care professional, then the employer must remove the employee.

End of MRP benefits and return of the employee to former job status (§1910.1052(j)(11)(ii))

§1910.1052(j)(11)(ii)(A) -- The employer may cease providing MRP benefits at the earliest of the following:

§1910.1052(j)(11)(ii)(A)(1) -- Six months;

§1910.1052(j)(11)(ii)(A)(2) -- Return of the employee to the employee's former job status following receipt of a medical determination concluding that the employee's exposure to MC no longer will aggravate any cardiac, hepatic, neurological (including stroke), or dermal disease;

§1910.1052(j)(11)(ii)(A)(3) - Receipt of a medical determination concluding that the employee can never return to MC exposure.

Purpose: This provision prevents the risk of further physical debilitation resulting from serious MC-related medical conditions among workers who have MC exposures at or above the AL.

Multiple health care professional review mechanism (§1910.1052(j)(14))

§1910.1052(j)(14)(i) -- If the employer selects the initial physician or licensed health care professional (PLHCP) to conduct any medical examination or consultation provided to an employee under this paragraph (j)(11), the employer shall notify the employee of the right to seek a second medical opinion each time the employer provides the employee with a copy of the written opinion of that PLHCP.

§1910.1052(j)(14)(iii) -- If the findings, determinations or recommendations of the second PLHCP differ from those of the initial PLHCP, then the employer and the employee shall instruct the two health care professionals to resolve the disagreement.

Purpose: If an employer selects the PLHCP to perform any medical examinations or consultations required in paragraph (j)(11), they must notify workers, when the employer provides them with a copy of the PLHCP's written medical opinion, of their right to seek a second opinion. If a worker disagrees with the medical opinion provided by the employer-selected PLHCP, the employer must pay for a PLHCP chosen by the worker to review any findings, determinations, or recommendations of the first PLHCP, and to conduct any examinations, consultations, and laboratory tests they deem necessary to complete the review. If the opinions of the two PLHCPs differ, and they are unable to resolve their disagreement they must jointly designate a specialist in the field at issue to review, at the employer's expense, the findings, determinations, or recommendations of the first two PLHCPs. The specialist can then conduct such examinations, consultations, and laboratory tests, as well as discussions with the first two PLHCPs, that they believe are necessary to resolve the disagreement other the prior PLHCPs. The written opinion of the specialist is the definitive medical determination.

The Agency identified only two minor paperwork requirements for employers in this provision. The first, in paragraph (j)(14)(i), specifies that employers must notify workers, after the workers

receive a medical opinion, of their right to seek a second medical opinion. Second, paragraph (j)(14)(iii) addresses conflicting medical opinions rendered by two PLHCPs by requiring employers (and workers) to instruct the two PLHCPs to resolve their disagreement. OSHA believes that employers notify workers of their right to a second opinion by having PLHCPs include a standardized notification in the written medical opinions they send to workers. Informing the two PLHCPs to resolve a disagreement is a rare event that takes less than 1 minute to perform if required. As these paperwork requirements impose minimal hour and cost burdens on employers, the Agency is not including them in this ICR.

OSHA believes that multiple-physician review improves worker participation in an employer's medical-surveillance program, thereby increasing early detection and treatment MC-related diseases. However, program participation is strictly voluntary on the part of workers. If the medical opinion provided by the employer's PLHCP could result in job removal, and no opportunity exists for workers to obtain a second medical opinion, many of them would refuse to participate in the medical-surveillance program.

E. Hazard communication (§1910.1052(k))

§1910.1052 (k)(1)(i) Chemical manufacturers, importers, distributors and employers shall comply with all requirements of the Hazard Communication Standard (HCS) (§1910.1200) for MC.

§1910.1052 (k)(1)(iii) Employers shall include MC in the hazard communication program established to comply with the HCS (§1910.1200). Employers shall ensure that each employee has access to labels on containers of MC and to safety data sheets, and is trained in accordance with the requirements of HCS and paragraph (l) of this section.[11]

Purpose: OSHA believes that this notification requirement protects workers by alerting them to potential MC exposure, thereby allowing them to take appropriate actions to control this exposure. In addition, this requirement supplements the hazard-recognition training workers receive under the Standard.

F. Employee information and training (§1910.1052(l))

Upon further analysis, the requirement that employers provide training to workers under paragraph (l) is not considered to be a collection of information.

Paragraph (l)(8) requires employers to provide to OSHA or NIOSH, upon request, all available materials relating to employee information and training. The Agency has determined that the requirement for employers to make records available upon request to the Assistant Secretary is no longer considered a collection of information. OSHA typically requests access to records during an inspection, and information collected by the Agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). While NIOSH may use records collected from

[11]The Agency accounts for the burden hours and costs associated with compliance with the HCS, such as the development of a hazard communication program, under the Information Collection Request (ICR) for the HCS. OMB Control No. 1218-0072.

employers for research purposes, the Agency does not anticipate NIOSH to request employers to make available records during the approval period. Therefore, the burden for the employer to make this information available to NIOSH is zero.

Purpose: Training is essential to inform workers of the health hazards resulting from MC exposure and to provide them with the understanding necessary to minimize these hazards. Training also enables workers to recognize operations and locations associated with MC exposures.

G. Recordkeeping (§1910.1052(m))

Objective Data (§1910.1052(m)(7)(i)) -- Where an employer seeks to demonstrate that initial monitoring is unnecessary through reasonable reliance on objective data showing that any materials in the workplace containing MC will not release MC at levels which exceed the action level or the STEL under foreseeable conditions of exposure, the employer shall establish and maintain an accurate record of the objective data relied upon in support of the exemption.

§1910.1052(m)(1)(ii)(A) -- The MC-containing material in question;

§1910.1052(m)(1)(ii)(B) -- The source of the objective data;

§1910.1052(m)(1)(ii)(C) -- The testing protocol, results of testing, and/or analysis of the material for the release of MC;

§1910.1052(m)(1)(ii)(D) -- A description of the operation exempted under paragraph (d)(2)(i) of this section and how the data support the exemption; and

§1910.1052(m)(1)(ii)(E) -- Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

§1910.1052(m)(1)(iii) -- The employer shall maintain this record for the duration of the employer's reliance upon such objective data. [12]

Purpose: Maintaining the records allows OSHA to ascertain whether or not employers are complying with the Standard, thereby ensuring that workers are receiving adequate protection from MC exposures. In addition, workers and their representatives have access to these records, thereby providing assurance that the employer's application of the exception is reasonable.

Exposure measurements (§1910.1052(m)(2))

§1910.1052(m)(2)(i) -- The employer shall establish and keep an accurate record of all measurements taken to monitor employee exposure to MC as prescribed in paragraph (d) of this section.

[12]Based on the Final Economic Analysis (FEA) of the final Standard, OSHA is assuming that no establishments use objective data as a substitute for exposure monitoring. Accordingly, the Agency is not attributing any burden hours or cost to this provision in this ICR.

§1910.1052(m)(2)(ii) -- Where the employer has 20 or more employees, this record shall include at least the following information:

§1910.1052(m)(2)(ii)(A) -- The date of measurement for each sample taken;

§1910.1052(m)(2)(ii)(B) -- The operation involving exposure to MC which is being monitored;

§1910.1052(m)(2)(ii)(C) -- Sampling and analytical methods used and evidence of their accuracy;

§1910.1052(m)(2)(ii)(D) -- Number, duration, and results of samples taken;

§1910.1052(m)(2)(ii)(E) -- Type of personal protective equipment, such as respiratory protective devices, worn, if any; and

§1910.1052(m)(2)(ii)(F) -- Name, job classification and exposure of all of the employees represented by monitoring, indicating which employees were actually monitored.

§1910.1052(m)(2)(iii) -- Where the employer has fewer than 20 employees, the record shall include at least the following information:

§1910.1052(m)(2)(iii)(A) -- The date of measurement for each sample taken;

§1910.1052(m)(2)(iii)(B) -- Number, duration, and results of samples taken; and

§1910.1052(m)(2)(iii)(C) -- Name, job classification and exposure of all of the employees represented by monitoring, indicating which employees were actually monitored.

§1910.1052(m)(2)(iv) -- The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.1020.

Medical surveillance (§1910.1052(m)(3))

§1910.1052(m)(3)(i) -- The employer shall establish and maintain an accurate record for each employee subject to medical surveillance under paragraph (j) of this section.

§1910.1052(m)(3)(ii) -- The record shall include at least the following information:

§1910.1052(m)(3)(ii)(A) -- The name and description of the duties of the employee;

§1910.1052(m)(3)(ii)(B) -- Written medical opinions; and

§1910.1052(m)(3)(ii)(C) -- Any employee medical conditions related to exposure to MC.

§1910.1052(m)(3)(iii) -- The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.1020.

Availability (§1910.1052(m)(4))

§1910.1052(m)(4)(i) -- The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying in accordance with 29 CFR 1910.1020.[13]

[Note to paragraph (m)(4)(i): All records required to be maintained by this section may be kept in the most administratively convenient form (for example, electronic or computer records would satisfy this requirement).]

§1910.1052(m)(4)(ii) -- The employer, upon request, shall make any employee exposure and objective data records required by this section available for examination and copying by affected employees, former employees, and designated representatives in accordance with 29 CFR 1910.1020.

§1910.1052(m)(4)(iii) -- The employer, upon request, shall make employee medical records required to be kept by this section available for examination and copying by the subject employee and by anyone having the specific written consent of the subject employee in accordance with 29 CFR 1910.1020.

Purpose Workers and their designated representatives use exposure-monitoring and medical-surveillance records to assess worker medical status over the course of employment, to evaluate the effectiveness of the employer's exposure-reduction program, and for other reasons. Accordingly, access to these records is necessary to provide both direct and indirect improvements in the detection, treatment, and prevention of occupational exposure to MC.

Transfer of records (§1910.1052(m)(5))

The employer shall comply with the requirements concerning transfer of records set forth in 29 CFR 1910.1020(h).

Purpose: Workers and their designated representatives may use these records to evaluate worker medical status over the course of employment, to determine the effectiveness of the employer's exposure reduction program, and for other reasons. An OSHA compliance officer reviews the records to assess the employer's compliance with the medical and exposure control provisions of the Standard.

[13] Usually, OSHA will request access to records during compliance inspections. Information collected by the Agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). While NIOSH may use records collected from employers for research purposes, the Agency does not anticipate NIOSH to request employers to make available records during the approval period. Therefore, OSHA takes no burden or cost in Items 12 and 14 of this Supporting Statement.

Paragraph (h) of § 1910.1020 requires employers who cease to do business to transfer medical and exposure-monitoring records to the successor employer, who then must receive and maintain the records. If no successor employer is available, the employer must, at least three months before ceasing business, notify current workers who have records of their right to access these records.

OSHA considers the employer's transfer of records to a successor employer to be usual and customary communications during the transition from one employer to a successor employer. In this regard, the employer would communicate the location of all records, including employee exposure-monitoring and medical records, at the facility to the successor employer during the transfer of business operations, as a matter of usual and customary business practice.

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 establishing and maintaining the required records. OSHA wrote the paperwork requirement of the Standard in performance-oriented language, i.e., in term of <u>what</u> data to collect, not <u>how</u> to record the data.

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 A.2 above.

The collection of information requirements of the Standard are specific to each employer and worker involved, and no other source or agency duplicates these 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 collection of information 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 frequencies that the Agency believes are necessary to ensure that the employer and OSHA can effectively monitor the exposure and health status of workers working with MC.

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.**

Paragraph (d)(5) of the Standard requires that employers, within 15 working days after receiving the results of any exposure monitoring performed under the Standard, notify each affected worker of their results in writing, either individually or by posting the results in an appropriate location. This information collection is otherwise consistent with 5 CFR 1320.5.

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 submitted a revised Methylene Chloride Standard (29 CFR 1910.1052) Information Collection Request (ICR) to the Office of Management and Budget (OMB) for the Standards Improvement Project IV proposal. OSHA is seeking comment on its proposal to eliminate the requirements to collect and record social security numbers from the Standard. As noted in Section V. of the preamble, "Paperwork Reduction Act," 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 –AC67), Office of Management and Budget, Room 10235, Washington, DC 20503, Fax: 202-395-5806 (this is not a toll-free number), e-mail OIRA_submission@omb.eop.gov. OSHA encourages commenters also to submit their comments on these paperwork requirements to the rulemaking docket, OSHA Docket Office, Docket Number OSHA-2012-0007, OSHA, U.S. Department of Labor, Room N-2625, 200 Constitution Avenue, NW., Washington, DC 20210, along with their comments on other parts of

the proposed rule. Commenters also may submit their comments to OSHA at *http://www.regulations.gov*, the Federal eRulemaking portal. Comments submitted in response to the notice are public records; therefore, OSHA cautions commenters about submitting personal information such as social security numbers and date of birth. These comments also will become part of the rulemaking record, and will be available for public inspection and copying in the OSHA Docket Office and at *http://www.regulations.gov*. The Agency will respond to any comments received in response to this notice.

Recognizing the importance of public participation in the SIP process, the Agency published a Request for Information (RFI) on December 6, 2012 (77 Federal Register 72781) asking the public to identify standards that were in need of revision or removal, and to explain how such action would reduce regulatory burden while maintaining or increasing the protection afforded to employees. The Agency received 26 comments in response to the RFI. Several of the proposed amendments contained in the proposed rule were recommended in the public comments received in response to the RFI. Other proposed SIP amendments were identified by the Agency's own internal review and by the Advisory Committee for Construction Safety and Health (ACCSH).

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.

To ensure that the personal information in the medical records required by the Standard remains confidential, the Agency developed §1913.10 ("Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records") to regulate its access to these records.

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 medical questionnaires. Information from medical questionnaires is necessary for the PLHCP or physician, 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.**

Table 1, Summary of Burden Hour Changes and Cost (attached below), provides a summary of burden hour and cost estimates for the collection of information requirements specified by the Standard.

Burden Hour and Cost Determinations

The Agency adopted the mean wage rates from *"Employer Costs for Employee Compensation, June 2014,"* U.S. Department of Labor, Bureau of Labor Statistics (http://www.bls.gov/news.release/ecec.toc.htm , p. 12). Total compensation for these occupational categories includes an adjustment for fringe benefits. On average, fringe benefits represent 30.2 percent of total hourly compensation in the private sector. The total hourly compensation costs of labor used in this analysis are:

· Service Worker	$27.86
· Clerical/Secretary	$21.29
· Professional/Manager	$39.97

(A) Exposure monitoring (§1910.1052(d))

Employers can use either of the following options to determine a worker's 8-hour TWA or 15-minute exposure levels: first, take a personal air sample from each worker's breathing zone; or, second, use the personal air samples from one worker to represent the exposures of other workers in the same job classification, work area, and shift if the employer expects the sampled worker to have the highest MC exposures among these workers. For the purpose of these burden hour and cost determinations, OSHA assumes that employers use the first option (i.e., individual worker samples) for exposure monitoring.

Initial determination (§1910.1052(d)(2))

During each year covered by this ICR, OSHA estimates that 1,612 new workers are monitored initially.[14] OSHA recognizes this is an overestimate, as not every new worker that is exposed will require initial monitoring. Rather, an employer may have conducted exposure monitoring sampling using the personal air samples from one worker to represent the exposures of other

[14]Using the 2011 U.S. Census Bureau County Business Patterns (CBP), the Agency has updated the total number of establishments, from 90,596 to 78,770 (a total decrease of 13,1% from the 2008 CBP). The number of covered workers was determined by adjusting the previous ICR estimates, taking into account the overall decrease in the number of establishments, assuming that the number of exposed workers per establishment has remained constant. Thus, the number of new covered workers is 1,612 (1,855 x (1-.131).

workers in the same job classification, work area, and shift. The employer must sample the worker the employer believes to have the highest MC exposures among these workers. Therefore, a new worker may not need to have individual monitoring.

The Agency estimates that employers use a total of 5 passive dosimeters[15] to make initial 8-hour TWA and STEL determinations for each worker, and that a professional requires 5 minutes to attach and remove each dosimeter (for a total of 20 minutes (.33 hour) for the 4 dosimeters). Therefore, the total annual burden hours and cost to employers for this collection of information requirement is:

Burden hours: 1,612 new workers x .33 hour = 532 hours
Cost: 532 hours x $39.97 = $21,264

Periodic monitoring (§1910.1052(d)(3))

OSHA estimates that employers must conduct quarterly exposure monitoring for 4,140 workers and semi-annual monitoring for 12,468 workers, with passive dosimeters required for each worker.[16] As with initial monitoring it is estimated that it will take 5 minutes to attach and remove each of the 4 badges for a total of 20 minutes per worker (.33 hours). Therefore, estimated yearly burden hours and cost of this collection of information requirement are:

Burden hours: 4,140 workers x 4 (quarterly) x .33 hours = 5,465 hours
12,468 workers x 2 (semi-annual) x .33 hours = 8,229 hours

Cost: (5,465 +8,229) hours x $39.97 = $547,349

Additional monitoring (§1910.1052(d)(4))

Employers use additional monitoring to assess the exposure effects that result from changes in workplace conditions (e.g., production, processes, or controls (including work practices)), or if a leak, rupture, or other breakdown develops that may increase worker exposures to MC. Using percentages from the FEA, the Agency estimates that employers perform additional monitoring on 8,291 workers each year. With 4 passive dosimeters required for each worker, and assuming that a professional requires 20 minutes (.33 hour) to attach and remove the 4 badges, the estimated burden hours and cost to conduct additional monitoring each year are:

Burden hours: 8,291 workers x .33 hour = 2,736 hours
Cost: 2,736 hours x $39.97 = $109,358

Employee notification of monitoring results (§1910.1052(d)(5))

[15]One passive dosimeter is a control and is not placed on an employee; therefore, no time is attributed for the control badge.

[16]Note that some employees may receive repeated exposure monitoring, so the total employees monitored under this provision and under the requirement for additional monitoring (see next section) are not necessarily separate employees.

This provision requires employers to notify workers of their exposure monitoring results. Notification must occur within 15 days after the employer receives the results, either by providing each worker with a written copy of their results or by posting the results in an appropriate location that is accessible to the workers. If exposures exceed the PEL or STEL, employers must also notify the workers of the corrective action they are taking to reduce worker exposures to or below the PEL and STEL, and the schedule for completing of this action.

OSHA assumes that employers use posting to notify workers of their exposure monitoring results. For purposes of calculating burden hour, OSHA assumes that each exposure monitoring sample will be posted, resulting in 51,399 postings (i.e., 1,612 new workers + 16,560 quarterly samples + 24,936 semi-annual samples + 8,291additional workers). The Agency estimates that a clerical/secretary takes 5 minutes (.08 hour) to prepare each worker's results. Therefore, the annual total burden hours and cost of this requirement are:

Burden hours: 51,399 monitoring samples x .08 hour = 4,112 hours
Cost: 4,112 hours x $21.29 = $87,544

(B) Medical surveillance (§1910.1052(j))

Initial surveillance (§1910.1052(j)(4)(i))

OSHA estimates that 1,612 workers need initial surveillance annually,[17] and that each medical examination requires a worker (assumed to be a service worker) to be away from work for 1 hour. Accordingly, the Agency determines the yearly burden hours and cost of this requirement to be:

Burden hours: 1,612 medical examinations x 1 hour = 1,612 hours
Cost: 1,612 hours x $27.86 = $44,910

Periodic medical surveillance (§1910.1052(j)(4)(ii))

Employers must update the medical and work history of each affected worker every year. In doing so, the employer must provide periodic physical examinations that include appropriate laboratory surveillance if the worker is: 45 years of age or older and within 12 months of the initial medical surveillance or any subsequent medial surveillance; or younger than 45 years of age and is within 36 months of the initial surveillance or any subsequent medical surveillance. OSHA estimates that this requirement will result in 24,331 medical examinations per year, and that a worker must be away from work for 1 hour to complete each medical examination. Therefore, the total burden hours and cost associated with this requirement each year are:

Burden hours: 24,331 medical examinations x 1 hour = 24,331 hours
Cost: 24,331 hours x $27.86 = $677,862

[17]OSHA recognizes this is likely an over estimate, as not all new employees who are monitored are likely to require a medical examination.

Information provided to the physician or other licensed health-care professional (§1910.1052(j)(8))

An employer must provide the PLHCP with specific information on each worker who is medically examined. For initial surveillance OSHA assumes that a secretary requires 15 minutes (.25 hour) to develop the specified information and provide it to the PLHCP. Having already developed the information for initial surveillance, it is not necessary to do so again for periodic medical surveillance; therefore, secretaries need only provide the relevant information to the PLHCP prior to periodic medical surveillance, a task that the Agency believes will take 5 minutes (.08 hour).

Additionally, OSHA is taking under this paragraph the burden hours and cost needed to provide the required information to PLHCPs who administer the medical examinations associated with the MRP program (see the following section). In this regard, the Agency finds that a secretary spends 5 minutes (.08 hour) providing the PLHCP with this information for each medical examination.

In summary, this ICR shows that 1,612 workers require initial surveillance annually and 24,331 workers need periodic medical surveillance each year, while the analysis in the following section indicates that PLHCPs will administer 351 medical examinations yearly to workers in the MRP program. Therefore, the total annual burden hours and cost of this requirement are:

Burden hours: (1,612 initial medical examinations x .25 hour) + (24,331 periodic medical examinations + 351 MRP medical examinations x .08 hour) = 2,378 hours
Cost: 2,378 hours x $21.29 = $50,628

Medical removal protection (MRP) (§1910.1052(j)(11))

Using percentages from the FEA, OSHA determined that each year 4,140 workers have MC exposures that exceed the PEL, 7.7% (319) of these workers receive MRP (i.e., 5% for hepatic conditions and 2.7% for dermatitis), and employers will administer 1 additional medical examination to these MRP cases as specified by paragraph (j)(11)(i)(B)(1) of the Standard. Moreover, in this ICR, the Agency is assuming that 10% (32) of the 319 MRP cases receive a second additional medical examination as required by this paragraph, for a total of 351 additional medical examinations administered under this provision. The Agency estimates that each medical examination requires the worker to be away from work for 1 hour. Accordingly, this provision results in the following burden hours and cost each year:

Burden hours: 351 workers x 1 hour = 351 hours
Cost: 351 hours x $27.86 = $9,779

(C) Employee information and training (§1910.1052(l))

The requirement that employers provide training to workers under paragraph (l) is not considered to be a collection of information, In addition, information collected by the Agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). Also, the Agency

does not anticipate NIOSH to request employers to make available records during the approval period. Therefore, OSHA takes no burden or cost in Items 12 and 14 of this Supporting Statement.

(D) Recordkeeping (§1910.1052(m))

Exposure measurements (§1910.1052(m)(2))

This provision requires employers to establish and maintain an accurate record of measurements taken to monitor worker exposure to MC. Using information contained in an earlier section of this ICR (see "(A) Exposure monitoring (§1910.1052(d)"), OSHA finds that each year employers must establish and maintain an exposure monitoring record for each worker on whom they conduct an initial determination. The Agency estimates that the 1,612 workers were initially monitored. For workers who receive periodic or additional monitoring (i.e., 16,608 (4,140 (quarterly monitoring) + 12,468 (semi-annual monitoring)) and 8,291 workers receiving periodic and additional testing, respectively) the Agency assumes that each worker is individually monitored. The total number of workers that will have exposure records as a result of an initial determination or periodic/additional monitoring is 26,511. In addition, OSHA estimates that it requires a clerical/secretary 5 minutes (.08 hour) to establish and maintain, or to update, each of these records. Therefore, the annual burden hours and cost associated with this recordkeeping requirement are:

Burden hours: 26,511 monitoring records x .08 hour = 2,121 hours
Cost: 2,121 hours x $21.29 = $45,156

Medical surveillance (§1910.1052(m)(3))

This provision requires employers to establish and maintain accurate records containing specific information for each worker subject to medical surveillance. Based on analyses performed above (see "(B) Medical surveillance (§1910.1052(j)(8)"), OSHA determined that each year employers must establish and maintain records for the 1,612 workers who receive initial surveillance, update records for 24,331 workers who require periodic medical surveillance, and provide 351 medical examinations for workers in the MRP program (for a total of 26,294 workers). The Agency estimates that a clerical/secretary takes 5 minutes (.08 hour) to establish and maintain, or to update, a medical surveillance record. Accordingly, the yearly burden hour and cost estimates for this requirement are:

Burden hours: 26,294 workers x .08 hour = 2,104 hours
Cost: 2,104 hours x $21.29 = $44,794

Availability (§1910.1052(m)(4))

The Agency determined these burden hours and cost as follows:

1. Employee access

As noted previously in "(D), Recordkeeping (§ 1910.1052(m)" of this ICR, OSHA determined that each year employers must establish and maintain, or update, 26,511 exposure monitoring records and 26,294 medical surveillance records, for a total of 52,805 records. Additionally, the Agency assumes that workers request access to 10% of these records (i.e., 5,281 records).[18] OSHA estimates that a clerical/secretary takes 5 minutes (.08 hour) to retrieve and refile each requested record, resulting in the following annual burden hour and cost estimates:

Burden hours: 5,281 records x .08 hours = 422 hours
Cost: 422 hours x $21.29 = $8,984

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.**

Exposure monitoring (§1910.1052(d))

As noted previously in this ICR ("(A) Exposure monitoring (§1910.1052(d)"), OSHA determined that each year employers must conduct 51,399 worker monitorings using 5 passive dosimeters per worker. The previous ICR assumed that each dosimeter cost $49. The Consumer Price Index (CPI) indicated a 15.5% increase in the price of medical commodities from 2005 to 2010; the cost of a dosimeter was assumed to have increased by 15.5% as well. Therefore, the total annual cost of providing exposure monitoring under the paperwork requirements of the Standard is:

Cost: 51,399 worker monitoring x ($57 x 5 dosimeters) = $14,648,715

[18]OSHA assumes that requests for exposure measurement and medical surveillance records by former employees, designated employee representatives, and parties having the written consent of an employee are minimal; therefore, it did not include these requests in this determination.

Medical surveillance (§1910.1052(j))

Under the section titled "(B) Medical surveillance (§1910.1052(j))" in this ICR, OSHA found that each year employers administer medical examinations to 1,612 workers who require initial surveillance, 24,331 workers who need periodic medical surveillance, and 351 workers in the MRP program, for a total of 26,294 medical examinations. The previous ICR assumed that each medical examination cost $153. The Consumer Price Index (CPI) indicated a 17.6% increase in the price of professional medical services from 2011 to 2014; the cost of a medical examination was assumed to have increased by 17.6% as well. Thus, the cost of each medical examination is assumed to be $180. Accordingly, the total yearly cost to employers of administering the medical examinations associated with the paperwork requirements of the Standard is:

Cost: 26,294 medical examinations x $180 = $4,732,920

The total cost to respondents for exposure monitoring ($14,648,715) and medical surveillance ($4,732,920) is: $19,381,635.

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 request.

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

OSHA is proposing to remove the requirement that employers document employee's social security number (SSN) in their exposure and medical records. Time to document SSN in records is negligible and therefore, the Agency is not requesting changes to the burden hour or cost estimates in this ICR.

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.

The Agency will not publish the information collected under this 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.
The Agency is not seeking an exception to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS.

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

Table 1

Summary of Burden Hour Changes and Cost

Collection of Information Requirement	Responses	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Item 12 Cost
(A) Exposure monitoring					
Initial determination	1,612	532	532	0	$21,264
Periodic monitoring	41,496	13,694	13,694	0	$547,349
Additional monitoring	8,291	2,736	2,736	0	$109,358
Employee notification of monitoring status	51,399	4,112	4,112	0	$87,544
(B) Medical surveillance					
Initial surveillance	1,612	1,612	1,612	0	$44,910
Periodic medical surveillance	24,331	24,331	24,331	0	$677,862
Information provided to the PLHCP	26,294	2,378	2,378	0	$50,628
Medical removal protection	351	351	351	0	$9,779
(C) Employee information and training					
Employee information and training	0	0	0	0	$0
(D) Recordkeeping					
Exposure measurements	26,511	2,121	2,121	0	$45,156
Medical surveillance	26,294	2,104	2,104	0	$44,794
Availability	5,281	422	422	0	$8,984
TOTALS	**213,472**	**54,393**	**54,393**	**0**	**$1,647,628**