

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					