TITLE OF INFORMATION COLLECTION DOCUMENT

National Veterinary Services Laboratories; Bovine Spongiform Encephalopathy Surveillance Program **ОМВ NO.** 0579-0409

DATE PREPARED

								DATE PREPARED			
									September 28, 2017		
IDENTIF	ICATION 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)	(1)	(J)	(K)	
9 CFR 130.49(a)(2)	BSE Surveillance Submission Form - Business	VS 17-146	1,001	1	1,001	0.10	100				
	BSE Surveillance Submission Form - State		34	27	918	0.10	92				
9 CFR 130.49(a)(2)	BSE Surviellance Submission Form-Continuation Sheet - Business	VS 17-146a	52	2	104	0.10	10				
	BSE Surviellance Submission Form-Continuation Sheet - State		4	1	4	0.10	1				
9 CFR 130.49(a)(2)	BSE Surveillance Data Collection Form - Business	VS 17-131	1,001	25	25,025	0.10	2,503				
	BSE Surveillance Data Collection Form - State		34	94	3,196	0.10	320				
	SUBTOTAL				30,248		3,026				
	TOTAL OF ALL PAGES				30,248		3,026				
тот	TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c				30,248		3,026				

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and	TITLE OF INFORMATION COLLECTION DOCUMENT	омв но.	
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.	BSE Surviellance Documents	0579-	
(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average			
(K)Total/(I)Total = (J)Average NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.		DATE PREPARED	

IDENTIFIC	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
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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)	(1)	(J)	(K)
					0		0			0.00
										0.00
										0.00
					0		0			0.00
					0		0			0.00
					0		0			0.00
	SUBTOTAL				0		0	0		0.00

SUMMARY OF INFORMATION COLLECTION USDA-APHIS