Note

OSHA initiated a regulatory review of its existing safety and health standards in response to the President's Executive Order 13563, "Improving Regulation and Regulatory Review" (76 FR 3821). This review, the Standards Improvement Project–Phase IV (SIP-IV), was 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Improvement Projects remove or revise individual requirements in safety and health standards that are confusing, outdated, duplicative, or inconsistent.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 this rulemaking was to reduce regulatory burden while maintaining or enhancing worker safety and health.

As part of the SIP-IV rulemaking, OSHA updated the chest x-ray requirements for several of its standards, including the Asbestos standard for shipyards, 29 CFR 1915.1001, by adding the option of digital radiography to its existing standards because digital radiography systems are rapidly replacing traditional analog film-based systems in medical facilities. OSHA also removed the provisions in its standards, including Asbestos in shipyards, that require employers to collect and record employees' social security numbers. Finally, the Agency revised several forms from older standards, including a form contained in Appendix D of the Asbestos standard for shipyards, to comport with OMB's Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, as updated on October 30, 1997 (62 FR 58782-58790).

This ICR seeks OMB approval for changes to the collection in accordance with the SIP-IV Final Rule. As noted above and described in more detail in this ICR, the SIP-IV Final Rule is expected to reduce the paperwork burden borne by employers.

SUPPORTING STATEMENT FOR THE INFORMATION COLLECTION REQUIREMENTS OF THE ASBESTOS IN SHIPYARDS STANDARD (29 CFR 1915.1001)¹ (OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NO. 1218-0195 (May 2019)

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 Act (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 regulations" (29 U.S.C. 651).

To protect employee health, the OSH Act authorizes the Occupational Safety and Health Administration (OSHA) 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 in order to most effectively determine whether the health of such employees is adversely affected by such exposure" (29 U.S.C. 655). In addition, the OSH Act mandates that "[e]ach employer shall make, keep and preserve, and make available to the Secretary [of Labor] . . . such records regarding [his/her] activities relating to this Act as the Secretary . . . may prescribe by regulation as necessary or appropriate for the enforcement of this 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 OSHA to "issue regulations requiring employers to maintain accurate records of employee exposure 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 costs associated with provisions of the Asbestos in Shipyard Standard that contain paperwork requirements; this supporting statement does not provide information or guidance on how to comply with, or how to enforce, the Standard.

Under the authority granted by the OSH Act, OSHA published a health standard governing employee exposure to asbestos (29 CFR 1915.1001). The basis for this standard is a determination by the Assistant Secretary for OSHA that occupational exposure to asbestos poses a hazard to workers. Years of exposure to asbestos can cause numerous disabling or fatal diseases. Among these diseases are asbestosis, an emphysema-like condition; lung cancer; mesothelioma, a cancerous tumor that spreads rapidly in the cells of membranes covering the lungs and body organs; and gastrointestinal cancer.

The specific collection requirements of this standard are outlined below and fully discussed under questions 2 and 12.

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.

Multi-employer Worksites (§ 1915.1001(d)(1))

When working at a multi-employer worksite, employers performing work that requires the establishment of a regulated area must inform other employers onsite of the nature of the work with asbestos, and presumed asbestos containing material (PACM); the existence of and requirements pertaining to regulated areas; and the measures taken to ensure that employees of such other employers are not exposed to asbestos. Informing other employers at the worksite of asbestos, and/or PACM, ensures that the hazards concerning asbestos are known to all employers and employees working near this toxin so that proper measures can be taken to eliminate any unnecessary exposures.

Regulated Areas (§ 1915.1001(e))

Employers who are conducting Class I, II, or III² asbestos work must designate areas where an employee's exposure to airborne concentrations of asbestos exceeds, or can reasonably be expected to exceed, the permissible exposure limits (PELs) - the eight (8) hour time-weighted average limit³ or the excursion limit (EL)⁴. The area must be demarcated in any manner that minimizes the number of persons within the area and protects persons outside the area from exposure to airborne asbestos.

²Class I asbestos work means activities involving the removal of thermal system insulation (TSI) or surfacing asbestos containing material (ACM) or PACM. Class II work means activities involving removal of ACM which is neither TSI or surfacing ACM. Class III asbestos work means repair and maintenance operations where "ACM", including TSI and surfacing ACM and PACM, is likely to be disturbed.

³Paragraph (c)(1) requires that the employer ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an (8) hour time-weighted average (TWA), as determined by the method prescribed in Appendix A of the standard, or by an equivalent method.

⁴Paragraph (c)(2) requires that the employer ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1f/cc) as averaged over a sampling period of thirty (30) minutes, as determined by the method prescribed in Appendix A of the standard, or by an equivalent method.

Designated areas are demarcated to warn non-essential employees to keep out of areas where employee exposures are over the PEL. Employers must also ensure that employees working in the regulated area be provided with and wear respirators to avoid excessive exposure via inhalation. In addition, good personal hygiene must be practiced to avoid exposure to asbestos via ingestion, such as prohibiting eating, drinking, and smoking.

Exposure Assessments and Monitoring (§ 1915.1001(f))

Each employer who has a workplace or work operation where exposure-monitoring is required, must conduct monitoring to determine accurately the airborne concentrations of asbestos to which the employees may be exposed. Depending on the operation and class of asbestos work, the employer must conduct an initial exposure assessment and/or negative exposure assessment. These assessments may include: using objective data to demonstrate that the materials or products the employer is working with cannot release airborne fibers in concentrations exceeding the TWA and EL; using previous monitoring results which represent workplace conditions "closely resembling" the process, type of material, control methods, work practices, and environmental conditions of the current worksite; and/or exposure-monitoring of the worksite operation.

Exposure monitoring assists employers in identifying areas of operation that may require efforts to reduce exposure and come into compliance with the standard. Monitoring results also assist employers in determining the necessity for using engineering controls, instituting or modifying work practices, and in selecting appropriate respiratory protection to prevent employees from over exposure.

Employee Notification of Monitoring Results (§ 1915.1001(f)(5))

Employers must either post, or individually inform employees in writing, of their exposuremonitoring results as soon as possible but no later than 5 working days after the receipt of the results. Posting enhances the collective knowledge in the workplace of employee exposures, which in turn enhances each employee's understanding of his/her own exposure. Posting the results facilitates other employees, their designated representatives, supervisors and employers in becoming aware of exposure levels within the workplace.

Alternative Control Methods for Class I Work (§ 1915.1001(g)(6))

Employers may use other exposure control methods not referenced in paragraph (g)(5), or may modify the methods listed in paragraph (g)(5) when performing Class I asbestos work. However, if an employer chooses methods other than those in paragraph (g)(5), they must ensure that the alternative control method encloses, contains or isolates the processes or source of airborne asbestos dust, or otherwise captures or redirects such dust before it enters employees' breathing zones.

In addition, a certified industrial hygienist or licensed professional engineer who is also qualified as a project designer must evaluate the work area and the projected work practices and

engineering controls. This person must also certify in writing that the planned control method is adequate to reduce direct and indirect employee exposure at a level below the PELs under worst-case conditions of use, and that the planned control method will prevent asbestos contamination outside the regulated area, as measured by clearance sampling that meets the requirements of the Environmental Protection Agency's (EPA's) Asbestos in Schools Rule issued under AHERA rules, or perimeter monitoring which meets the criteria in paragraph (g)(4)(ii)(B) of §1915.1001.

Where the thermal system insulation (TSI) or surfacing material to be removed is 25 linear or 10 square feet or less, the evaluation required in paragraph (g)(6) may be performed by a qualified person⁵ and may omit consideration of perimeter or clearance monitoring otherwise required.

The evaluation of employee exposure required in paragraph (g)(6) must include and be based on sampling and analytical data representing employee exposure during the use of such method under worst-case conditions and by employees whose training and experience is equivalent to employees who are to perform the current job.

Respirator Program (§ 1915.1001(h)(3)(i))

When respirators are required, the employer must establish a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d), excluding (d)(1)(iii), and (f). In 29 CFR 1910.134(e), the standard requires that written operating procedures governing the selection and use of respirators be established as well as the safe use of respirators in dangerous atmospheres that might be encountered in normal operations or in emergencies. The purpose of these requirements is to ensure that employers establish a standardized procedure for selecting, using, and maintaining respirators for each workplace where respirators will be used. Developing written procedures requires employers to evaluate how all of their requirements of the respiratory standard will be met in their workplace.

Respirator Fit Testing (Appendix C to § 1915.1001)

The employer must perform either quantitative or qualitative fit tests at the time of initial fitting, and at least every six months thereafter, for each employee wearing a negative-pressure respirator and record the results of the tests. The test is used to select a respirator facepiece that exhibits minimum leakage and provides the required protection. Test protocols outlined in Appendix A of §1920.134 must be followed and a record kept of the test.

Laundering Protective Clothing (§ 1915.1001(i)(2)(ii))

⁵Qualified person means, in addition to the definition in 29 CFR 1926.32(f), one who is capable of identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them, as specified in 29 CFR 1926.32(f); in addition for Class I and Class II work who is specially trained in a training course which meet the criteria of the Environmental Protection Agency's (EPA) Model Accreditation Plan (40 CFR Part 763) for supervisor, or its equivalent, and for Class III and Class IV work, who is trained in a manner consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92(a) (2).

Employers must notify persons tasked to launder asbestos-contained clothing of the potential harmful effects of asbestos, in addition to prevention of asbestos being released into the air in excess of the TWA EL. By providing this information to the person doing the laundry, they can be protected from the potentially harmful effects of asbestos.

Duties of Building /Vessel and/or Facility Owners (§ 1915.1001(k)(2))

Building/vessel and/or facility owners must identify the presence, location, and quantity of ACM and/or PACM at work sites and notify the following in writing or through personal communication: prospective employers applying or bidding for work whose employees reasonably can be expected to work in or adjacent to areas containing such material; employees of the owner who will work in or adjacent to areas containing such material; on multi-employer worksites, all employers of employees who will be performing work within or adjacent to areas containing such material. This is to ensure that the hazards concerning asbestos are properly conveyed to all employers and employees working in the presence of this toxin.

Duties of Employers (§ 1915.1001(k)(3))

The following applies to employers whose employees perform work subject to this standard in or adjacent to areas containing ACM and PACM. Building/vessel and facility owners whose employees perform such work must, to the extent possible, must identify the presence, location and quantity of ACM and PACM and inform the following persons with this information: owners of the building/vessel or facility; employees who will perform the work; and employers of employees who work and/or will be working in adjacent areas.

In addition, within 10 days of completion of such work, the employer whose employees have performed the work must inform the building/vessel or facility owner, and employers of employees who will be working in the area of the current location, the quantity of PACM and/or ACM remaining in the area. Again, this is to ensure that the hazards concerning asbestos are properly conveyed to all employers and employees working in the presence of this toxin.

Conveying Information (§ 1915.1001(k)(4))

In addition to the requirements in § 1915.1001(k)(3), all employers who discover ACM and/or PACM on a worksite must convey information concerning the presence, location, and quantity of the newly discovered ACM and/or PACM to the owner and to other employers of employees working at the worksite, within 24 hours of its discovery. This is to ensure that everyone is aware that the toxin is present.

Criterion to Rebut the Designation of Installed Material as PACM (§ 1915.1001(k)(5))

Employers and/or building/vessel owners may demonstrate that PACM does not contain asbestos by conducting inspections and tests of the materials. If the material is not ACM, building/vessel owners and/or employers are not required to communicate the information, however they must

retain information, data and analysis supporting the determination that PACM does not contain asbestos. This is to ensure that the recognition of asbestos hazards is properly recognized.

Warning Signs (§ 1915.1001(k)(6) and (8))

Building/vessels owners must post signs at entrances to mechanical rooms/areas where employees can reasonably be expected to enter, which contain ACM and/or PACM. These signs must identify the material which is present, its location, and appropriate work practices that will ensure ACM or PACM is not disturbed. Employers must ensure, to the extent possible, that employees are able to comprehend these signs (e.g., foreign language, pictographs, graphics, and awareness training).

Paragraph (k)(8) requires that regulated areas be identified by warning signs. These signs must be posted at such a distance from the regulated area that employees may read the signs and take necessary protective steps before entering the area. The warning signs must contain the following information; "DANGER, ASBESTOS, MAY CAUSE CANCER, CAUSES DAMAGE TO LUNGS, AND AUTHORIZED PERSONNEL ONLY." Where the use of respirators is required in the regulated areas, the warnings signs must also state: "WEAR RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING IN THIS AREA."

Posting warning signs serve to warn employees, who may otherwise not know, that they are entering a regulated area. Such signs would warn employees that entry is permitted only if the employee is authorized and there is a specific need to enter the area. Warning signs supplement the training which employees receive under this standard.

Labels (§ 1915.1001(k)(7))

Employers must affix labels to any material/products containing asbestos, and to containers containing such products, including waste containers. Labels must be used in accordance with 29 CFR 1910.1200(f), OSHA's Hazard Communication Standard.

The labels must be printed in large, bold letters on a contrasting background. These labels must contain a warning statement against breathing asbestos fibers and state: "DANGER, CONTAINS ASBESTOS FIBERS, AVOID CREATING DUST, CANCER AND LUNG DISEASE HAZARD." Also, any bags or containers of protective clothing and equipment, scrap, waste, and debris containing asbestos fibers must have a label with the following warning: "DANGER, CONTAINES ASBESTOS FIBERS, MAY CAUSE CANCER, CAUSES DAMAGE TO LUNGS, DO NOT BREATHE DUST, AVOID CREATING DUST."

Warning labels ensure that downstream employers and employees are informed of the associated hazards with asbestos and that special practices may need to be implemented to prevent exposure. Furthermore, hazard labels alert other employers who, in the absence of such labels, might not know that asbestos is present in their workplace and that they have incurred obligation of complying with the standard.

Employee Information and Training (§ 1915.1001(k)(9) and (o)(4))

The Agency removed the training requirements under this section as a paperwork burden because it is no longer considered a collection of information. Training is conducted and documented by EPA-approved and state-approved providers.

Medical Examinations and Consultations (§ 1915.1001(m)(1) and (2))⁶

Employers must provide all employees with medical examinations who are engaged in Class I, II, III work for a combined total of 30 days or more per year, or who are exposed at or above the PEL. Employee medical examinations must be provided by, or under the supervision of a licensed physician, and at no cost to the employee.

For employees working 30 or more days per year in Class I, II, and III work, medical examinations and consultation must be provided prior to assignment where negative-pressure respirators are worn and must be given within 10 working days after the thirtieth day of exposure. In addition, annual medical examinations must be offered by the employer to these employees, as well as any increased frequency determined necessary by the examining physician.

Employee medical examinations must include the following: a medical and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems; a standardized questionnaire contained in Part 1 of Appendix D on the initial visit, and an abbreviated questionnaire contained in Part 2 of Appendix D on subsequent annual visits; and any other examinations or tests that the physician determines to be necessary.

Medical examinations and the related information collection requirements provide continuous monitoring of the health of potentially exposed employees. Records of medical examinations are used by physicians who must periodically examine employees exposed to asbestos. Without records of previous medical examinations, the physician may not be able to determine whether an employee has suffered adverse health effects since his or her last examination. Further, when symptoms of damage appear, the physician often needs information on the patient's previous medical conditions to make an accurate diagnosis of the new problem, its apparent cause, and the course of treatment required. Medical records are also designed so that employees can determine whether or not treatment is needed for occupational exposures.

The maintenance period for records regarding employee health is necessary because of the lengthy latency periods associated with the manifestation of disease due to exposure to asbestos.

Information Provided to Physician (§ 1915.1001(m)(3))

Paragraph (m)(3) requires employers to make the following information available to the physician: a copy of the standard, including Appendices D, E and I; a description of the affected

⁶ OSHA added the option of digital radiography to this standard as part of the SIP-IV rulemaking, because digital radiography systems are rapidly replacing traditional analog film-based systems in medical facilities.

employee's duties as they relate to the employee's asbestos exposure; the employee's representative exposure level, or anticipated exposure level; a description of any personal protective and respiratory equipment used or to be used; and information from previous medical examinations.

Making the required information available to the physician will aid in the evaluation of the employee's health and fitness for particular asbestos exposed job assignment.

Physician's Written Opinion (§ 1915.1001(m)(4))

Employers must obtain from the physician a written opinion, and instruct the physician not to reveal any medical findings unrelated to occupational exposure to asbestos. This written opinion must include the following: the physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos; recommendations on employee limitations on the use of personal protective equipment; a statement that the employee has been informed of their results of the medical examination and of any medical conditions that may result from asbestos exposure; and a statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. The employer must provide a copy of the opinion to the employee within 30 days of receipt.

The purpose in requiring the employer to obtain a written opinion from the examining physician is to provide the employer with a medical basis to aid in the determination of initial placement of employees and to assess the employee's ability to use protective clothing and equipment. The physician's opinion will also provide information to the employer as to whether the employee may be suffering from an overexposure to asbestos. The requirement that a physician's opinion be in written form ensures that employers have the benefit of the information.

The requirement that an employee be provided a copy of the physician's written opinion will ensure that the employee is informed of the results of the medical examination.

Objective Data Records (§ 1915.1001(n)(1))

Employers relying on objective data showing that products made from or containing asbestos will not expose employees to asbestos in excess of the PEL and/or EL under the expected conditions of processing, use, or handling, must establish and maintain an accurate record of objective data reasonably relied upon in support of being exempt from meeting the requirements under paragraph (f). This record must contain the elements as stated in paragraph (n)(1) of the standard.

The purpose of requiring an employer to document objective data determinations and retain them is to discourage abuse of this provision since employees and their representatives are permitted access to this information. Access enables employees and their representatives to ensure that the exemption determination is a reasonable one, thereby encouraging use of objective data determinations only in cases where the data warrant such use. Maintaining a record of the

objective data determinations will permit OSHA to ascertain whether compliance with the standard has been achieved.

Exposure Measurements and Medical Surveillance (§ 1915.1001(n)(2) and(3))⁷

The standard requires employers to maintain employee exposure and medical records taken to monitor employee exposure to asbestos. Medical and monitoring records are maintained for employee disclosure and are designed to provide valuable information to both the employee and the employer. The records required by this standard will aid the employee and his/her physician in determining whether or not treatment is needed for occupational exposure to asbestos, and what level of treatment is necessary. The employer benefits by keeping these records, since the information will enable the employer to better ensure that employees are not being overexposed; such information may alert the employer that steps must be initiated in order to reduce exposures.

The standard requires that exposure records be kept for at least 30 years and that medical records be kept for the duration of employment plus 30 years. It is necessary to keep these records for extended periods of time because of the long latency period commonly associated with carcinogenesis. Cancer often cannot be detected until 20 or more years after the first exposure.

Training Records (§ 1915.1001(n)(4))

Employers must maintain employee's training records for one year beyond the last date of employment by that employer. Maintaining training materials provides a resource for an employee to refresh his or her training should they need to be retrained during the year.

Records to Rebut PACM (§ 1915.1001(n)(5))

Where the building owner and employer have relied on data to demonstrate that PACM is not asbestos-containing, such data shall be maintained for a long as they are relied upon to rebut the presumption. This is to ensure that all PACMs are properly distinguished from ACMs. This is important in the communications of asbestos hazards to both employers and employees.

Records of Required Notification (§ 1915.1001(n)(6))

Where the building/vessel owner has communicated and received information concerning the identity, location and quantity of ACM and PACM, written records of such notification and their content shall be maintained by the owner for the duration of ownership and shall be transferred to successive owners of such buildings/facilities/vessels. This is to ensure that any new owners of such buildings/facilities/vessels are aware of the hazards of asbestos.

Availability (§ 1915.1001(n)(7)(ii) and (iii))

⁷As part of the SIP-IV rule, OSHA removed the requirements for the employer to collect and record social security numbers from the Standard.

The employer, upon request, must make any exposure and medical records required by paragraphs (f) and (n) of this section available for examination and copying to affected employees, former employees, designated representatives, in accordance with 29 CFR 1910.1020 (a) through (e) and (g) through (i).

Note: 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 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.

3. Describe whether, and to what extent, the collection of information ion 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 burden.

Employers may use improved information technology when establishing and maintaining exposure monitoring and medical-surveillance records. OSHA wrote the paperwork requirements of the Regulation in performance-oriented language (i.e., in terms of <u>what</u> data to maintain, not <u>how</u> to maintain the data).

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2 above.

The information required to be collected and maintained is specific to each employer and employee involved and is not available or duplicated by another source. The information required by this standard is available only from employers. At this time, there is no indication that any alternate source is available.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

The information collection requirements of the standard do 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.

The information collection frequencies specified by this standard are the minimum that OSHA believes are necessary to ensure that the employer and OSHA can effectively monitor the exposure and health status of employees working with asbestos in shipyards.

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-inaid, 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 statistical data classification that has not been reviewed and approved by OMB;
- That includes a pledge of confidentially 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 prove that it has instituted procedures to protect the information's confidentially to the extent permitted by law.

In accordance with paragraph (k)(3)(iii), once an employer has completed work subject to this standard, the employer must inform building/vessel or facility owner and any employers whose employees may be working in the area, of the current location and quantity of PACM and/or ACM that is remaining in the former regulated area and final monitoring results if any, within 10 days of completion of such work.

Paragraph (k)(4) requires all employers who discover ACM and/or PACM on a worksite must convey information concerning the presence, location, and quantity of the newly discovered ACM and/or PACM to the owner and to other employers of employees working at the worksite, within 24 hours. This is also to ensure that everyone is aware that the toxin is present.

As discussed in Item 2 under §§ 1915.1001(n)(2) and (3), it is required that exposure records be kept for at least 30 years. It is necessary to keep these records for extended periods of time because of the long latency period commonly associated with carcinogenesis. Cancer often cannot be detected until 20 or more years after the first exposure.

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 3 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 has submitted a revised Asbestos in Shipyards (29 CFR 1915.1001) Information Collection Request (ICR) to the Office of Management and Budget (OMB) for the Standards Improvement Project–Phase IV (SIP-IV) rulemaking.

OSHA sought public comment on revisions to this package when the Agency published the SIP-IV NPRM on October 4, 2016 (81 FR 68504). The Agency received no comments in response to this notice during the comment period for the NPRM.

This ICR seeks OMB approval for changes to the collection in accordance with the SIP-IV Final Rule, which is one of OSHA's Standards Improvement Projects. These projects review existing safety and health standards in response to Executive Order 13563, "Improving Regulation and Regulatory Review" (76 FR 3821). They are intended to improve and streamline OSHA standards by removing or revising requirements that are confusing or outdated, or that duplicate, or are inconsistent with, other standards. The goal of the SIP-IV Final Rule is to reduce regulatory burden while maintaining or enhancing worker safety and health.

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

The Agency will <u>not</u> 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 contained in medical records required by the Standard remains confidential, the Agency developed and implemented § 1913.10 ("Rules of agency practice and procedure concerning OSHA access to employee medical records") to regulate 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 reason 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 cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.

Burden Hour and Cost Determinations

ESTABLISHMENTS

OSHA assumes that shipyard employees may be exposed to asbestos when repairing foreign or older vessels. The Agency assumes that of the 639 shipyards, the six largest shipyards do not repair vessels containing asbestos lagging, for example, this work is contracted out. Of the remaining 633 shipyards, approximately half repair vessels that have little or no machinery, for example, barges and other small craft; therefore, employees would not engage in asbestos removal. In addition, OSHA assumes that each of the 317 remaining shipyards employ three employees; for a total of 951 employees who may be exposed to asbestos materials.

Wage Rates for Shipyards

The Agency determined average wage rates in shipyards using average hourly earnings, including benefits, to represent the cost of employee time. The Agency adopted the mean wage rates from *"Employer Costs for Employee Compensation, March 2014,"* U.S. Department of Labor, Bureau of Labor Statistics <u>http://stats.bls.gov/home.htm</u>. Total compensation for these occupational categories includes an adjustment of 31.2 percent (*Employer Costs for Employee Compensation, March 2014*) for fringe benefits; this figure represents the average level of fringe benefits in the private sector. The costs of labor used in this analysis are, therefore, estimates of total hourly compensation. These hourly wages are:

Supervisors	\$50.24 (Median 38.29 w/fringe benefits)
Employees	\$34.28 (Median 26.13 w/fringe benefits)
Clerical/Secretary	\$23.08 (Median 17.59 w/fringe benefits)

Annual Burden Hour and Cost Determinations

Multi-employer worksites (§ 1915.1001(d))

OSHA estimates that 20% of the 317 employers (63) conduct sampling three times annually. As a clerical employee may not be present at a multi-employer worksite, OSHA assumes a manager takes 5 minutes (.08 hour) to post each notification.

Burden hours: 63 x 3 notifications annually x .08 hour = 15 hours **Cost**: 15 hours x \$50.24= \$754

Regulated Areas (§ 1915.1001(e))

All class I, II and III asbestos work is conducted within regulated areas that are demarcated. Employers may use signs as prescribed in section (k) of the standard. Burden for this activity is therefore addressed in that paragraph.

Exposure Assessments and Monitoring (§ 1915.1001(f))

Initial Assessment/Monitoring

The Agency estimates 317 employers conduct exposure assessment, and that 80% of these employers use means other than exposure-monitoring sampling, i.e., objective data, prior sampling, etc., to demonstrate compliance with the PEL. The remaining 20% of the employers conduct exposure-monitoring of the job sites. These employers take an average of three samples annually and each sample takes one hour of supervisor time to collect and mail the samples for analysis.

Burden hours:(20% x 317 employers) x 3 samples per year x 1 hour per
sample = 190 hoursCost:190 hours x \$50.24= \$9,546

Periodic monitoring

In addition to initial monitoring, employers must conduct periodic monitoring at various times when workers are being exposed above the PEL. However, OSHA assumes that no periodic monitoring occurs. Monitoring is expensive and it is more beneficial for employers to take other measures to ensure compliance with the PEL such as equipping employees with supplied-air respirators and following control methods outlined in the standard. Employers are assumed to use the least burdensome method to comply with exposure provisions and therefore no burden has been taken for periodic monitoring.

Notification of Monitoring Results (§ 1915.1001(f)(5))

It is assumed employers would choose the least costly method to comply with this provision which would be posting the results of the monitoring in a central location. Posting requires 5 minutes (.08 hour) of secretarial time.

Burden hours: (20% x 317 employers) x 3 samples per year x .08 hour = 15 hour
Cost: 15 hours x \$23.08 = \$346

Methods of Compliance (§ 1915.1001(g))

Provisions contained in this paragraph of the regulation require employers to use prescribed engineering controls and work practices, including monitoring and notifying employers of findings (paragraph (g)(4)(ii)(B)). The burden for this requirement is included under the exposure monitoring section or the methods of compliance section for alternate methods of compliance in the paperwork package (see narrative below).

The standard prescribes work practices for various operations involving asbestos. However, employers involved with Class I and II operations may choose to use an alternate control method. The paperwork burden for this requirement follows.

Alternative Control Methods for Class I Work

OSHA has received, on average, 7 notifications annually from employers who choose new or modified control technology to reduce exposures in Class I asbestos. OSHA estimates it takes a supervisor, on average, 1.83 hours to develop the alternative control methods.

Burden hours: 7 notifications x 1.83 hours = 13 hours **Cost**: 13 hours x \$50.24 = \$653

Additional Controls for Class II Work

The Regulatory Impact Analysis (RIA)⁸ assumed that work in shipyards would be predominately Class I work, so no burden was assumed for Class II work.

Respiratory Protection (§ 1915.1001(h))

<u>Respirator Program</u> (§ 1915.1001(h)(3)(i))

Employers must institute a respiratory protection program in accordance with §1910.134. This burden is taken in the "Respiratory Protection" information collection request (OMB Control Number 1218-0099).

Emergency-Use Respirators (§ 1910.134(f))

⁸The Final Regulatory Impact and Flexibility Analysis of the Revised Asbestos Standard for Construction, General Industries, and Shipyards under docket number OSHA-H033E-2006-0915-1077.

The respiratory protection standard which is incorporated by reference in the asbestos standard requires that emergency-use respirators be inspected monthly and after each emergency use. This burden is taken in the "Respiratory Protection" information collection request (OMB Control Number 1218-0099).

Respirator Fit Testing (Appendix C to § 1915.1001)

The burden associated with this provision is based on a total of 1 hour (30 minutes of employee time and 30 minutes of supervisory time) to conduct and record the results of the fit testing twice a year. OSHA estimates that 20% of the 951 employees exposed above the PEL wearing negative pressure respirators are fit tested.

Burden hours: (20% x 951 employees) x 2 tests per year x .5 hour = 190 hours **Cost**: 190 hours x \$50.24 = \$9,546

Burden hours: (20% x 951 employees) x 2 tests per year x .5 hour = 190 hours Cost: 190 hours x \$34.28 = \$6,513

Total burden hours is 380 and the total cost is 16,059

Protective Clothing (§ 1915.1001(i)(2)(ii))

The standard requires that employers inform any person who launders or cleans asbestoscontaminated protective clothing of asbestos hazards. In the RIA, OSHA assumed that all affected employers will provide their employees with disposable clothing which requires no laundering. Therefore, no burden has been taken for this provision.

Communication of hazards (§ 1915.1001(k))

Paragraph (k) requires building vessels and facility owners, along with employers of potentially exposed employees, to convey specific information to building tenants, employees and other employers/contractors regarding the location of ACM and PACM in their work environment. Burden for this activity follows.

Duties of Building and Facility Owners (§ 1915.1001(k)(1))

OSHA estimates that 22% of 52.5 projects or 11 projects a year are involved and that it takes building owners up to .75 hours to evaluate high risk jobs and .08 hours to notify persons of the existence of ACM and/or PACM. Further, building owners take another .05 hours per project to notify others such as contractors/other employers. The RIA breaks out the notification and evaluation burden as follows:

Identification of ACM/PACM and notification by building owners to their employees and tenants

For the 11 projects, OSHA estimates a facility owner will take 45 minutes (.75 hour) to evaluate high risk jobs and five minutes (.08 hour) to notify persons; for a total of .83 hours.

Burden hours: 11 projects x .83 hour = 9 hours **Cost**: 9 hours x \$50.24 = \$452

Notification by building owners to contractors (other employers)

Building owners take 3 minutes (.05 hour) to notify contractors. The universe is the same as above, 11 projects.

Burden hours: 11 projects x .05 hour = 1 hour **Cost**: 1 hour x \$50.24 = \$50

Duties of Employers (§ 1915.1001(k)(2) and (3))

Identification of ACM/PACM and Notification by Contractors to Building Owners

OSHA estimates the time to identify/document and notify owners of ACM/PACM in high risk projects is 30 minutes (.5 hour). Further, the Agency recognizes that there might be some overlap in the counting of building owners notification to contractors and this provision. Taking these assumptions into account, the RIA estimated that the weighted time for this provision would be .5 hour. The number of projects and compliance rate is the same as above.

Burden hours: 11 projects x .5 hour = 6 hours **Cost**: 6 hours x \$50.24 = \$301

Notification by contractors to employees and employers

The time to notify employees and other employers at the project takes approximately 5 minutes (.08 hr.). The number of projects is the same as above.

Burden hours: 11 projects x .08 hour = 1 hour **Cost**: 1 hour x \$50.24 = \$50

Notification by contractors to owners on asbestos remaining in the building.

Within 10 days after a job is completed, the employers whose employees have performed the asbestos work are required to inform the building owners of remaining asbestos. The number of projects and the compliance rate are the same as above. It takes a contractor 5 minutes (.08 hour) to perform this notification.

Burden hours: 11 projects x .08 hour = 1 hour **Cost**: 1 hour x \$50.24 = \$50

In addition to the above requirements, all employers who discover ACM and/or PACM on a worksite shall convey information concerning the presence, location and quantity of the newly discovered ACM and/or PACM to the owner and to other employers of employees working at the work site, within 24 hours of the discovery. The burden for this activity is accounted for in the above notification estimates.

Criteria to Rebut the Designation of Installed Material as PACM (§ 1915.1001(k)(5))

An employer or owner may demonstrate that PACM does not contain asbestos by conducting inspections and tests of the materials. If the material is not ACM, building owners and/or employers are not required to communicate the information, however they must retain information of the results. This evaluation was to be conducted for buildings constructed before 1981. Burden for this evaluation was taken in a previous information collection request. Since this was a one time event, there is no recurring burden.

Warning Signs (§ 1915.1001(k)(6) and (8))

Under this section warning signs are to be posted and displayed at each regulated area. The standard provides the language to be included on the signs, therefore no burden is assumed for this provision.

Labels (§ 1915.1001(k)(7))

Under this section warning labels are to be affixed to all products containing asbestos and to all containers containing such products. The standard provides the language to be included on the labels; therefore, no burden is assumed for this provision.

Medical Surveillance (§ 1915.1001(m))

Medical Examinations (§ 1915.1001(m)(2))

OSHA assumes 20% of the 951 employees (190 employees) require examinations annually and such examinations take 1.5 hours of employee time per examination (this includes 30 minutes of travel time). An employee turnover rate of 30% is used in the equation. Therefore, the total number of employees receiving a medical examination is 247 employees.

Burden hours: [190 employees + (190 x 30% turnover rate)] x 1 per year x 1.5 hours = 371 hours Cost: 371 hours x \$34.28 = \$12,718

Medical Questionnaire (§ 1915.1001(m)(2)(ii)(B)) Part I

As part of the initial examination, Part I of a medical questionnaire is administered. Completing the questionnaire takes 30 minutes (.50 hour) for each new employee/examination. The number of new employees is based on a 30% turnover rate for the 190 employees (20% of the 951)

subject to medical surveillance for a total of 30 hours.

Burden hours: 190 employees x 30% turnover rate x 1 per year x .50 hour = 29 hours **Cost**: 29 hours x \$34.28 = \$994

Medical Questionnaire (§ 1915.1001(m)(2)(ii)(B)) Part II

As part of the annual medical examination, a follow-up medical questionnaire is administered for each employee. The abbreviated questionnaire takes each of the 190 employees receiving the annual medical examinations 10 minutes (.17 hour) to complete.

Burden hours: 190 examinations x 1 per year x .17 hour = 32 hours **Cost**: 32 hours x \$34.28 = \$1,097

Information Provided to the Physician (§ 1915.1001(m)(3))

Employers provide information for 247 employees (190 employees + $[190 \times 30\%$ turnover rate). A clerical takes 5 minutes (.08 hour) to provide this information to the examining physician.

Burden hours: 247 employee medical examinations x .08 hour = 20 hours **Cost**: 20 hours x \$23.08 = \$462

Physician's Written Opinion (§ 1915.1001(m)(4))

As stated above, the estimated number of examinations is based on the current and new employees, and 5 minutes of secretarial time (.08 hour).

Burden hours: 247 employee medical examinations x .08 hour = 20 hours **Cost**: 20 hours x \$23.08 = \$462

Recordkeeping (§ 1915.1001(n))

The Agency estimates that it takes a secretary 5 minutes (.08 hour) to maintain records associated with objective data, exposure-monitoring, and medical records. Also that it takes 5 minutes to make the records available to employees.

Objective Data

The Agency assumes that 80% of the employers use objective data to exempt themselves from performing exposure-monitoring. Therefore, the burden is as follows:

Burden hours: (80% x 317 employers) x 1 sample per year x .08 hour = 20 hour **Cost**: 20 hour x \$23.08 = \$462

Exposure Monitoring

Burden hours: (20% x 317 employers) x 3 samples per year x .08 hour = 15 hour **Cost**: 15 hour x \$23.08 = \$346

Medical Records

Burden hours: 247 medical examinations x .08 hour = 20 hours **Cost**: 20 hours x \$23.08 = \$462

Training Records

Note: The 1.3 turnover rate equates to (190 employees + (190 x 30%)).

Burden hours: 190 employees x 1.3 turnover rate x 1 per year x .08 hour = 20 hours **Cost**: 20 hours x \$23.08 = \$462

Records of Notifications by Building Owners

Burden hours: 11 Projects x 1 time per year x .08 hour = 1 hour hour x 23.08 = 23 **Cost:** 1

Employee Access to Records

The Agency assumes that 10% of the employees will request to see his/her records annually, therefore, the burden and cost associated is as follows:

Burden hours: 951 employees x 10% x 1.3 turnover rate x .08 hour = 10 hours **Cost**: 10 hours x \$23.08 = \$231

Information Collection Requirement	Responses	Time per Response	Burden Hours	Wage Rate	Estimated Cost
Multi-employer Worksites	189	0.08 hour	15	\$50.24	\$754
Regulated Areas	0	0	0	0	\$0
Exposure Assessment and Monitoring	190	1 hour	190	\$50.24	\$9,546
Notification of Monitoring Results	190	0.08 hour	15	\$23.08	\$346
Methods of Compliance	7	1.83 hour	13	\$50.24	\$653
Respirator Program	0	0	0	0	\$0
Emergency-Use Respirator Certification	0	0	0	0	\$0

Table 1Summary of Burden Hours and Costs

Information Collection Requirement	Responses	Time per Response	Burden Hours	Wage Rate	Estimated Cost
Respirator Fit Testing	190	1 hour	190	\$50.24	\$9,546
	190	1 hour	190	\$34.28	\$6,513
Laundering Protective Clothing	0	0	0	0	\$0
Communication of Hazards					
Duties of Bldg. and Facility Owners	11	0.83 hour	9	\$50.24	\$452
	11	0.05	1	\$50.24	\$50
Duties of Employers	11	0.5	6	\$50.24	\$301
	11	0.08 hour	1	\$50.24	\$50
	11	0.08 hour	1	\$50.24	\$50
Criterion to Rebut PACM	0	0	0	0	\$0
Warning Signs and Labels	0	0	0	0	\$0
Employee Information and Training	0	0	0	0	\$0
Medical Surveillance					
Medical Examinations	247	1.5 hour	371	\$34.28	\$12,718
Medical Questionnaires (Part 1)	57	0.5 hour	29	\$34.28	\$994
Medical Questionnaires (Part II)	190	0.17 hour	32	\$34.28	\$1,097
Information Provided to Physician	247	0.08 hour	20	\$23.08	\$462
Physicians Written Opinion	247	0.08 hour	20	\$23.08	\$462
Objective Data Records	254	0.08 hour	20	\$23.08	\$462
Exposure & Medical Records	437	0.08 hour	35	\$23.08	\$808
Training Records	247	0.08 hour	20	\$23.08	\$462
Records of Notification	11	0.08 hour	1	\$23.08	\$23
Employee Access	124	0.08 hour	10	\$23.08	\$231
OSHA Access	0	0	0	0	\$0
Total	3,072		1,189	1	\$45,980

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 of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and startup 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 collection services should be a 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

The Agency assumes that employers will incur costs for analyzing and supplies used in monitoring the employees. Twenty percent of the 317 employers conduct exposure-monitoring. The Agency assumes a cost of \$30 per sample; this includes supplies used and the analysis of the sample taken. The costs are as follows:

Cost: 317 employers x 20% x 3 samples per year x \$30 = \$5,706

Medical Examinations

OSHA estimates that each worker's medical exam, which includes the physician's written opinion, cost the employers \$151 per exam. The total cost is as follows:

247 employee medical examinations x \$151 = \$37,297

TOTAL COST UNDER ITEM 13: \$43,003

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 also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

There are no costs to the Federal Government.

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

As a result of the SIP-IV rulemaking, OSHA removed the requirement that employers document

employees' social security numbers (SSN) in their exposure and medical records. Time to document SSN in records is negligible and, therefore, the Agency is not requesting any changes in the burden hour or cost estimates as a result. OSHA is also not taking burden hours for the updates to the chest x-ray requirements, which add the option of digital radiography, or the change to the question about race and ethnicity in Appendix D, because those changes do not impact the time required for medical examinations.

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Change
Multi-employer Worksites	15	15	0
Regulated Areas	0	0	0
Exposure Assessment and Monitoring	190	190	0
Notification of Monitoring Results	15	15	0
Methods of Compliance	13	13	0
Respirator Program	0	0	0
Emergency-Use Respirator Certification	0	0	0
Respirator Fit Testing	380	380	0
Laundering Protective Clothing	0	0	0
Communication of Hazards			
Duties of Bldg. and Facility Owners	10	10	0
Duties of Employers	8	8	0
Criterion to Rebut PACM	0	0	0
Warning Signs and Labels	0	0	0
Employee Information and Training	0	0	0
Medical Surveillance			
Medical Examinations	371	371	0
Medical Questionnaires (Part 1)	29	29	0
Medical Questionnaires (Part II)	32	32	0

Table 2Summary of Current and Requested Burden Hours

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Change
Information Provided to Physician	20	20	0
Physicians Written Opinion	20	20	0
Objective Data Records	20	20	0
Exposure & Medical Records	35	35	0
Training Records	20	20	0
Records of Notification	1	1	0
Employee Access	10	10	0
OSHA Access	0	0	0
Total	1,189	1,189	0

16. For collections 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 information required to be collected by the Asbestos in Shipyards Standard will not have results that will be published for statistical use.

17. If seeking approval to not display the expiration date for OMB approval of the information collection.

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.

OSHA is not requesting an exception to the certification statement.

B. COLLECTIONS OF INFORMATON EMPLOYING STATISTICAL METHODS

The supporting statement does not contain any collection of information requirements that employ statistical methods.