INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and 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. (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.

| TITLE OF INFORMATION COLLECTION DOCUMENT | OMB NO. |
|---|-------------------|
| Location of Irradiation Treatment Facilities in the United States | 0579-0383 |
| | DATE PREPARED |
| | November 29, 2018 |

| IDENTIFIC | CATION OF REPORTING OR RECORDKEEPING REQUIREMENT | | ANNUAL BURDEN | | | | - | | | |
|---------------------|--|---|-----------------------|---|---|--------------------------|--------------------------------|------------------------------|--|---|
| | | | | REPORTS | | | RECORDS | | | |
| SECTION OF REGS. | DESCRIPTION | FORMS NO (S) (If "none" so state) | NO. OF RESPONDENTS | NO OF RESPONSES PER RESPONDENT | TOTAL ANNUAL RESPONSES (Col. D x E) | HOURS PER RESPONSE | TOTAL HOURS (Col. F x G) | NO. OF RECORD- KEEPERS | ANNUAL HOURS PER RECORD- KEEPER | TOTAL RECORD- KEEPING HOURS (Col. I x J) |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (1) | (J) | (K) |
| | Request for Initial Certification and Inspection of Facility (business) | None | 5 | 1.0 | 5.0 | 160.00 | 800 | | | 0 |
| 305.9(d) | Certification and Recertification (business) | None | 5 | 1.0 | 5.0 | 15.00 | 75 | | | |
| 305.9(m) | Denial and Withdrawal of Certification (business) (same respondent as initial certification) | None | 1 | 1.0 | 1.0 | 8.00 | 8 | | | 0 |
| | Compliance Agreements (business facility) (same respondent as initial certification) | PPQ 519 | 5 | 1.0 | 5.0 | 1.25 | 6 | | | |
| 305.9(c) | Compliance Agreements (business (importer)) | PPQ 519 | 5 | 1.0 | 5.0 | 1.25 | 6 | | | 0 |
| 305.9(e)(1) | Irradiation facilities treating imported articles; irradiation treatment framework equivalency workplan (foreign government) | None | 4 | 1.0 | 4.0 | 0.50 | 2 | | | 0 |
| | Irradiation Facilities Notification (business) (same respondent as initial certification) | None | 5 | 10.0 | 50.0 | 0.25 | 13 | | | |
| | Recordkeeping (business) (same respondent as initial certification) | | | | 0.0 | | 0 | 5 | 8.0 | 40 |
| | SUBTOTAL | | | | 75 | | 911 | 5.00 | | 40 |
| | TOTAL OF ALL PAGES | | 24 | | 310 | | 948 | 5.00 | | 40 |
| тот | AL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c | | | | 315 | | 988 | | | |

REPRODUCE LOCALLY. Include form number and date on all reproductions.

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| | November 29, 2018 |

| IDENTIFIC | PATION OF REPORTING OR RECORD/FERRING RECUIREMENT | | ANNITAL BUIDDEN | | | | | | Novem | Del 29, 2018 |
|-----------------------|--|-----------------------------------|-----------------------|---------------------------|-------------------------------------|--------------------------|--------------------------------|------------------------------|--------------------------------|--|
| IDENTIFIC | ATION 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 | TOTAL ANNUAL RESPONSES (Col. D x E) | HOURS PER RESPONSE | TOTAL HOURS (Col. F x G) | NO. OF RECORD- KEEPERS | ANNUAL HOURS PER RECORD- | TOTAL RECORD- KEEPING HOURS (Col. I x J) |
| (A) | (B) | (C) | (D) | RESPONDENT (E) | (F) | (G) | (H) | (1) | KEEPER (J) | (K) |
| 305.9(a)(1) (viii) | Facility maintain & provide updated map identifying place horticultural/crop are grown (business) (same respondent as initial certification) | | 5 | 5.0 | | | | | V | 0 |
| 305.9(a)(1) (iv) | Facility contingency plan (business) (same respondent as initial certification) | None | 5 | 1.0 | 5.0 | 0.50 | 3 | | | 0 |
| 305.9(a)(1) (ii) | Letter of Concurrence or non agreement (states) | Letter | 5 | 1.0 | 5.0 | 0.50 | 3 | | | 0 |
| 305.9(a)(1) (vi) | Treatment Arrangements (business) (same respondent as initial certification) | None | 5 | 35.0 | 175.0 | 0.03 | 6 | | | 0 |
| 305.9(a)(1) (viii) | Pest Management Plan (business) (same respondent as initial certification) | None | 5 | 4.0 | 20.0 | 0.50 | 10 | | | 0 |
| | Facility Layout Map (business) (same respondent as initial certification) | None | 5 | 1.0 | 5.0 | 0.50 | 3 | | | 0 |
| | | | | | 0.0 | | | | | 0 |
| | SUBTOTAL | | | | 235.0 | | 38 | 0 | | 0 |