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

Animal Health National Program Assessment Survey Form

OMB NO. 0518-0042

DATE PREPARED 6/17/2019

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS		
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	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)
	Business for Profit/Non Profit	None	300	1.0000	300.00	0.2500	75.00			
	Individuals	None	75	1.0000	75.00	0.2500	19.00			
	State, Local, Tribal Gov	None	25	1.0000	25.00	0.2500	6.00			
	Non-Response Bias (Profit/NonProfit)	None	160	1.0000	160.00	0.0200	3.00			
	Non-Response Bias (Individuals)	None	30	1.0000	30.00	0.0200	1.00			
	Non-Response bias (State, Local, Tribal Gov)	None	10	1.0000	10.00	0.0200	0.00			
	SUBTOTAL		600.00		600.00		104.00			