## Attachment

F-2

Form Approved
OMB No. XXXX-XXXX
Exp. Date XX/XX/XXXX

## Carrier Administrative Cost data

Company records on number of workers' compensation claims

Company record on amount of workers' compensation payment

Company record on number of drivers who left the company and date of leaving

Company record on number of new drivers and date of joining the company

Company record on vehicle miles traveled by vehicle if possible

Company record on fuel costs by vehicle if possible

Company record on vehicle maintenance costs

Company record on number of sick leave days

Company record on on-time delivery rate

Company record on truck crash costs

Number of hours that were used by drivers for NAFMP training

Number of hours that were used to implement NAFMP program by manager

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).