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

Laboratory Approval Programs

OMB NO.

DATE PREPARED

13-May-20

IDENTIFIC			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)
7 CFR 90.1 (d) 91.5 (6)	ALL PROGRAMS [Previously submitted as individual programs (1-3)]  1. Application Process [NEW as a process for all programs]  • Application Letter (4 new applicants / 1 scope expansion) [Previously submitted as Initial letter requesting entrance. All "initial letter requesting entrance" line items for each program combined for this submission]	none	5	1.0000	5.00	0.2500	1.25			0.00
	Application Package (4 new applicants / 1 scope expantion) [Previously submitted as Completion of analyses documentation (except Trichinae), Completion of analysis documentation (Trichinae only), Completion of analysis documentation (2. Microbiological Program), and Completion of analysis documentation (3. Afflatoxin Program) combined in this submission. All "completion of analysis documentation" submissions for each program combined for this submission]	none	5	1.0000	5.00	61.0000	305.00			0.00
	Audit (4 new applicants / 1 scope expansion) [Peviously submitted as initial on-site laboratory audit. All "initial on-site laboratory audit" line items for each program conbined for this function]	none	5	1.0000	5.00	4.0000	20.00			0.00
	SUBTOTAL				15.00		326.25	0.00		0.00
	TOTAL OF ALL PAGES				478.00		1,189.00	60.00		15.00

SUMMARY OF INFORMATION COLLECTION

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

SUMMARY OF INFORMATION COLLECTION

Page 2 of 5

	<del></del>				
TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c		538.00	1,204.00		

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(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (J)Average (I)Average (I)Average (I)Average (I)Average (I)Bverage (I)B

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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	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)		
(4)	(B)	(0)	(D)	RESPONDENT	(5)	(C)	415	(1)	KEEPER	(14)		
(A)	2. Continual Participation [New as a process for all programs]  • Verification of Continued Participation and customer/business information [NEW]	none (C)	60	(E) 1.0000	(F) 60.00	(G) 0.2500	(H) 15.00	(I)	(J)	0.00		
	Audit (30 participants annually / 1 voluntary suspention reapproval function / 1 suspension by LAS reapproval function / 1 danger of dismissal function) [Previously submitted as Annual on-site laboratory audit. All "Annual on-site laboratory audit" line items for each program conbined for this function]	none	33	1.0000	33.00	16.0000	528.00			0.00		
	Analytical Proficiency (All programs participants) [Previously submitted as Analyses of proficiency testing samples (except Trichinae) & Analyses of proficiency testing samples (Trichinae only) Analyses of proficiency testing samples (2. Microbiological Program), and Analyses of proficiency testing samples (3. Afflatoxin Program) combined in this submission. All "Analyses of proficiency testing samples" line items for each program combined for this submission]	none	60	6.0000	360.00	0.7500	270.00			0.00		
	Analyst training (Export Trichinae only)	none	3	1.0000	3.00	16.0000	48.00			0.0		
	SUBTOTAL				456.00		861.00	0		0.0		

Page 3 of 5

TITLE OF INFORMATION COLLECTION DOCUMENT	омв но.
Laboratory Approval Programs	0581-0251
	DATE PREPARED 13-May-20
	Laboratory Approval Programs

IDENTIFI	CATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN								
				REPORTS						RECORDS		
										TOTAL		
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-		
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS		
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)		
				RESPONDENT					KEEPER			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)		
	3. Withdrawal/Suspension/Dismissal [NEW as process for all programs]  Participant Withdrawal Request Letter [NEW]	none	2	1.0000	2.00	0.2500	0.50			0.00		
	Participant Voluntary Suspension Request Letter [NEW]	none	1	1.0000	1.00	0.2500	0.25			0.00		
	LAS issue Suspension Notification Letter [NEW] (Reading)	none	1	1.0000	1.00	0.2500	0.25			0.00		
	LAS issue Danger of Dismissal Notification Letter [NEW] (Reading)	none	1	1.0000	1.00	0.2500	0.25			0.00		
	LAS issue Dismissal notification letter [NEW] (Reading)	none	1	1.0000	1.00	0.2500	0.25			0.00		
	Participant Program Reinstatement Request letter (voluntary suspended) [NEW]	none	1	1.0000	1.00	0.2500	0.25			0.00		
90.103	RECORDKEEPING (including Export Program, Microbiological Program, and Aflatoxin Program)	none			0.00		0.00	60	0.250	15.00		
	SUBTOTAL				7.00		1.75	60		15.00		

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ordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1:		
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(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average		
Total/(I)Total = (J)Average		DATE PREPARED
<b>TE:</b> The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6		
3 1 3, ,		13-May-20
rs, list as "1/6" & decimal will display.		1

IDENTIFIC		ANNUAL BURDEN								
				REPORTS						
										TOTAL
		FORMS NO (S)	NO. OF	NO OF	TOTAL ANNUAL	HOURS	TOTAL	NO. OF	ANNUAL	RECORD-
SECTION OF	DESCRIPTION	(If "none"	RESPONDENTS	RESPONSES	RESPONSES	PER	HOURS	RECORD-	HOURS PER	KEEPING HOURS
REGS.		so state)		PER	(Col. D x E)	RESPONSE	(Col. F x G)	KEEPERS	RECORD-	(Col. I x J)
				RESPONDENT					KEEPER	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
	SUBTOTAL				0.00		0.00	0		0.00