OMB	CONT	ROL	NO.	Т	ITLE OF I	NFORMATION CC	LLECTION REQUEST							DATE PREPAF	ED
	0579-0450								03/03/2021						
TYPE	TYPE OF REQUEST Standardizing Phytosanitary Treatment Regulations: Approval of Cold Treatment and Irradiation Facilities; Cold P									PUBLIC COMMENT DOCKET NO					
	Renewal Treatr					tment Schedules	ment Schedules; Establishment of Fumigation and Cold Treatment Compliance Agreements							APHIS-2020-0102	
POIN	POINT OF CONTACT													FEDERAL REGISTER NOTICE	
	Mr. T	odd D	outtor	า											226 PG 74665
TELEPHONE NO.									FEDERAL REGISTER DATE						
	(301) 851-2348												11/23/2020		
				-				PA	RT I - SUMMAR	Y					
	TOTAL F	RESPON		s	TOTAL AN	ANNUAL RESPONSES % ELECTRONIC RESP		RESPO	PONSES PER RESPONDENT TOTAL E		BURDEN HOURS	HOURS PER RESPO	DNSE % S	MALL ENTITIES	
		92				385	85 <u>60%</u>		4	:		196 0.509			70%
							P	PART II	- LIST OF ACTI	/ITIES			I		
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)		ACTIVITY DESCRIPTI (title, respondent ty	ON pe, and type of change if discretic	onary)	FORM NO.	F	ORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOUF PER RESPONSE or ANNUAL HOURS P RECORDKEEPEF	ESTIMATED ANNUAL BURDEN ER HOURS
(A)	(B)	(C)	(D)	(E)			(F)		(G)		(H)	(I)	(J)	(К)	(L)
E	P1	x	I	305.5 (c ) (1)(i)		Compliance Agreements or equivalent (Importer/Facility Operator)(Business)			PPQ 519		PDF	75	75	0.500	38
E	P1		I	305.5 (c )(2)		Compliance Agre (Interstate Hawa	eements or equivalent ii) (Business)		PPQ 519		PDF	5	5	0.500	3
E	P1		I	305.5(c )(3)		Compliance Agre (Interstate Busin	eements or equivalent ess for Fruit Flies)		PPQ 519		PDF	8	8	0.500	4
Е	P1		Ι	305.6(a)		Facility Certification (Business) (same Facility Respondents)			None			29	29	0.500	15
E	P1		I	305.6(b)(1)(i)		Detailed Layout Map (Business) (same Facility Respondents)			None			17	17	0.500	9
E	S1	х	I	305.6(b	305.6(b)(1)(ii) State Goverr (State)		nt Written Concurrence		None			17	17	0.500	9

TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	ACTIVITY DESCRIPTION (title, respondent type, and type of change if discretionary)	FORM NO.	FORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
E	P1		I	305.6(b)(1)(x)	Facility Maps of local area (Business) (same Facility Respondents)	None		17	17	0.500	9
E	P1		I	305.6(b)(1)(iv)	Contingency Plan (Business) (same Facility Respondents)	None		29	29	0.500	15
E	P1		I	305.6 (b) (2)	Limited Permits (Business) (same Facility)	PPQ 530	PAPER	188	188	0.500	94
											0
											0
											0
											0

Collection Number	9-0450							
Expiration Date	04/3	0/2021						
Formula Check for Information Collections	Sur	nmary	Respo	<u>Total</u>				
A = Respondents (given)		92 FG, Foreign Government		rnment	-			
B = Responses per Respondent		4 S1, State Government S2, Local Government			17			
C = Annual Responses (given)		385	- 75					
D = Total Burden Hours (given)		196	P1, Business P2, Farm P2, Non, Not for P	1				
Estimate of Burden (hours/ response)		0.50909	I, Individual or He	- 92				
Formula Check for Information Collections	Foreign	Government	Reporting	Record Keeping	3d Party			
	l							
A = Respondents (given) B = Responses per Respondent		- #DIV/0!						
B = Responses per Respondent C = Annual Responses (given)	<u> </u>	#UIVIU!						
D = Total Burden Hours (given)								
E1 = Estimate Adjustments (Responses)								
E2 = Estimate Adjustments (Hours)								
Formula Check for Information Collections	State, Loca	al, Tribal Gov't	Reporting	Record Keeping	3d Party			
A = Respondents (given)		17						
B = Responses per Respondent		1.000						
C = Annual Responses (given)		17						
D = Total Burden Hours (given)		9	9	-	-			
E1 = Estimate Adjustments (Responses)		17						
E2 = Estimate Adjustments (Hours)		9						
Formula Check for Information Collections	P	rivate	Reporting	Record Keeping	3d Party			
A = Respondents (given)		75						
B = Responses per Respondent		4.907						
C = Annual Responses (given)		368						
D = Total Burden Hours (given)		187	187	-	-			
E1 = Estimate Adjustments (Responses)		368						
E2 = Estimate Adjustments (Hours)		187						
Formula Check for Information Collections	Ind	ividual	Reporting	Record Keeping	3d Party			
A = Respondents (given)		-						
B = Responses per Respondent		#DIV/0!						
C = Annual Responses (given)		-						

E1 = Estimate Adjustments (Responses)	-		
E2 = Estimate Adjustments (Hours)	-		

Question 12 calculations?