INSTRUCTIONS:			TIT	LE OF INFORM	OMB NO.						
									0579-	-0146	
						DATE PREPARED					
						December 23, 2019					
IDENTIFICATION (OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL	BURDEN				
IDENTIFICATION	OF REPORTING OR RECORDREEFING REQUIREMENT				REPORTS				RECORDS		
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORDKEEPERS	ANNUAL HOURS PER RECORDKEEPER	RECORDKEEPING HOURS	
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)	
9 CFR 77.4	Annual Report for Retention of Status, Entire State or Each Zone Within a State (prepared by the State and signed by VS) (State)	VS 6-38	13	1	13	35	455				
77.4	Annual Report for Retention of Status, Entire State or Each Zone Within a State (prepared by VS and signed by the State) (State)	VS 6-38	39	1	39	0.500	20				
77.4	Request for Zone Status, Application (State)	None	1	1	1	300	300				
77.4	MOU for Zones, Initial and Yearly Testing Renegotiation (State)	None	1	1	1	300	300				
77.4	Epidemiological Review of Zone Testing (State)	None	1	1	1	5	5				
77.7, 9, 11, 13, 22, 24, 26, 28	TB Management Plan - Findings of TB in a Species Not Covered (Typically Wildlife) (State)	None	1	1	1	300	300				
77.1	Accredited Herd Written Herd Plan (State)	None	8	1	8	2	16				
77.1	Accredited Herd Written Herd Plan (Business)	None	8	1	8	5	40				
77.4	Wildlife Risk Survey (State)	None	1	275	275	2	550				
SUBTOTAL					347		1,986	0		0	
TOTAL OF ALL PAGES			4,914		89,306		27,070	19		760	
	TOTAL COLUMNS F + I = OMB 831, 13b COLUMNS H + K = OMB 831, 13c				89,325		27,830				

INSTRUCTIONS:				TIT	LE OF INFORM	OMB NO.						
					Tuberculosis							
					December 23, 2019							
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT				ANNUAL BURDEN								
					REPORTS				RECORDS			
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORDKEEPERS	ANNUAL HOURS PER RECORDKEEPER	RECORDKEEPING HOURS		
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)		
77.4	Wildlife Risk Survey (Business)	None	410	2	820	2	1,640					
77.7, 9, 11, 13, 22, 24, 26, 28	Report of TB Eradication (Monthly Report) (State)	VS 6-2	2	12	24	0.500	12					
	Report of Suspicious TB Lesions or Thoracic Granulomas in Regular Kill Cattle (State)	VS 6-35	10	140	1,400	0.160	224					
77.7, 9, 11, 13, 33	Specimen Submission Form (State)	VS 10-4	45	75	3,375	0.160	540					
77.7, 9, 11, 13, 33	Specimen Submission Form (Business)	VS 10-4	750	22	16,500	0.160	2,640					
	Specimen Collection Form Supplement - Livestock and Wildlife (State)	VS 10-7	45	20	900	0.160	144					

50

2,894

1,000

10

12,000

28,940

1,940

11,000

800

77,699

240

10

485

11

80

1,920

4,630

970

5,500

336

18,556

0

0.160

0.160

0.500

0.500

0.420

VS 1-27,

1-27A

VS 1-27,

1-27A

VS 6-22, 6-

22B

VS 6-22, 6-

22B

VS 6-22C

SUBTOTAL

Restricted Animals Movement Permit (State)

Caudal Fold Test Record (State)

TB Test Record (Special) (State)

Caudal Fold Test Record (Business)

Restricted Animals Movement Permit (Business)

77.17, 40

77.17, 40

77.1

77.1

77.7, 9, 11, 13, 34

NSTRUCTIONS:				TIT	LE OF INFORM	OMB NO.					
							DATE PREPARED				
					December 23, 2019						
IDENTIFICATION C	OF REPORTING OR RECORDKEEPING REQUIREMENT				REPORTS				RECORDS		
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORDKEEPERS	ANNUAL HOURS PER RECORDKEEPER	RECORDKEEPING HOURS	
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)	
77.1, 34	Comparative Cervical TB Test Results (State)	VS 6-22D	10	80	800	0.420	336				
77.1	TB Test, Gamma (State)	None	50	30	1,500	0.100	150				
77.1	TB Test, Gamma (Business)	None	500	1	500	0.100	50				
77.1	Affected Herd Data (State)	None	2	1	2	20	40				
77.1	Affected Herd Testing Results (State)	None	2	3	6	4	24				
77.1	Approved Herd Plan (Individual Herd Plan) - Test and Remove Plan (State)	None	2	2	4	40	160				
77.1	Approved Herd Plan (Individual Herd Plan) - Test and Remove Plan (Business)	None	7	1	7	10	70				
77.7, 9, 11, 13, 22, 24, 26, 28	Depopulation and Repopulation Agreement (State)	None	3	1	3	40	120				
77.7, 9, 11, 13, 22, 24, 26, 28	TB Infected Herd Field Report (State)	VS 6-22A	4	1	4	3.500	14				
77.7, 9, 11, 13, 22, 24, 26, 28	Report on Herd Revealing Reactors to TB Tests (State)	VS 6-4	30	1	30	4	120				
77.7, 9, 11, 13, 22, 24, 26, 28	Investigation for Evidence of TB (Reactor) (State)	VS 6-4A	50	10	500	1.500	750				
			3,356		1,834	0		0			

INSTRUCTIONS:	NSTRUCTIONS:				LE OF INFORM	OMB NO.					
					Tuberculosis						
					December 23, 2019						
IDENTIFICATION OF REPORTING OR RECORD KEEPING REQUIREMENT											
IDENTIFICATION OF REPORTING OR RECORDREEFING REQUIREMENT					REPORTS				RECORDS		
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORDKEEPERS	ANNUAL HOURS PER RECORDKEEPER	RECORDKEEPING HOURS	
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)	
	Investigation for Evidence of TB (Exposed Animal) (State)	VS 6-4B	40	20	800	1.500	1,200				
77.7, 9, 11, 13, 22, 24, 26, 28	Appraisal and Indemnity Claim (State)	VS 1-23, 1- 23A	40	5	200	2.250	450				
77.7, 9, 11, 13, 22, 24, 26, 28	Appraisal and Indemnity Claim (Business)	VS 1-23, 1- 23A	25	1	25	40	1,000				
50.7	Request for 15-Day Extension (Business)	None	25	1	25	0.250	6				
	Proceeds from Animals Sold to Slaughter (Business)	VS 1-24	25	1	25	40	1,000				
77.8, 10, 12, 14, 16, 23, 25, 27, 29, 31	Certificate for Movement (State)	None	4	250	1,000	0.167	167				
77.8, 10, 12, 14, 16, 23, 25, 27, 29, 31	Certificate for Movement (Business)	None	2,500	2	5,000	0.167	835				
77.4	Retention of Certificates for Movement (State)	None						4	40.000	160	

20

None

None

None

SUBTOTAL

14

20

7,109

0.500

10

4,682

15

19

40.000

600

760

77.7, 9, 11, 13, 22, 24, 26, 28 Commuter Herd Agreement (State)

77.7, 9, 11, 13, 22, 24, 26, 28 Commuter Herd Agreement (Business)

77.7, 9, 11, 13, 22, 24, 26, 28 Recordkeeping for Approved Feedlots (Business)

NSTRUCTIONS:				TIT	OMB NO.								
									0579-	-0146			
						Tuberculosis							
					0579-	-0146							
IDENTIFICATION C	OF REPORTING OR RECORDKEEPING REQUIREMENT												
IDENTIFICATION C	T REFORMING ON REGONDREEF ING REGONEMENT				REPORTS				RECORDS				
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORDKEEPERS	ANNUAL HOURS PER RECORDKEEPER	RECORDKEEPING HOURS			
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)			
77.7, 9, 11, 13, 22, 24, 26, 28	Template for Owner Participation (Business)	None	20	1	20	0.250	5						
77.33	Apply Label to Shipment (State)	None	25	1	25	0.008	1						
77.33	Apply Label to Shipment (Business)	None	750	1	750	0.008	6						
SUBTOTAL					795		12	0		0			