

**SUPPORTING STATEMENT FOR THE
INFORMATION COLLECTION REQUIREMENTS OF THE
RESPIRATORY PROTECTION STANDARD (29 CFR 1910.134)^{1,2}**

Office of Management and Budget (OMB) Control No. 1218-0099 (August 2021)

This ICR is requesting the extension of a currently approved data collection.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

The Occupational Safety and Health Act's (OSH Act) main objective is to "assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources" (29 U.S.C. 651). To achieve this objective, the OSH Act specifically authorizes "the development and promulgation of occupational safety and health regulations" (29 U.S.C. 651).

To protect worker health, the OSH Act authorizes the Occupational Safety and Health Administration ("OSHA" or "Agency") to develop standards that provide for "monitoring or measuring employee exposure" to occupational hazards and "prescribe the type and frequency of medical examinations and other tests which shall be made available [by the employer] to employees exposed to such hazards to most effectively determine whether the health of such employees is adversely affected by such exposure" (29 U.S.C. 655). Also, the OSH Act mandates that "[e]ach employer shall make, keep and preserve, and make available to the Secretary [of Labor] . . . such records regarding [their] activities relating to this Act as the Secretary . . . may prescribe by regulation as necessary or appropriate for the enforcement of this Act or for developing information regarding the causes and prevention of occupational accidents and illnesses" (29 U.S.C. 657). Also, the OSH Act directs OSHA to "issue regulations requiring employers to maintain accurate records of employee exposure to potentially toxic materials or other harmful physical agents which are required to be monitored and measured," and further specifies that such regulations provide "for each employee or former employee to have access to such records as will indicate [their] own exposure to toxic materials or harmful physical agents"

1 The purpose of this Supporting Statement is to analyze and describes the burden hours and costs associated with provisions of the Respiratory Protection Standard that contain paperwork requirements; this Supporting Statement does not provide information or guidance on how to comply with, or how to enforce, this Standard.

2 This Standard applies to general industry, construction, shipyard, longshoring, and marine-terminal workplaces.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

(29 U.S.C. 657). The OSH Act states further that “[t]he Secretary . . . shall . . . prescribe such rules and regulations as [he/she] may deem necessary to carry out [their] responsibilities under this Act, including rules and regulations dealing with the inspection of an employer’s establishment” (29 U.S.C. 651).

The Respiratory Protection Standard, §1910.134, (the “Standard”) assists employers in protecting the health of workers exposed to airborne contaminants, physical hazards, and biological agents. The Standard contains requirements for program administration; a written respirator-protection program with worksite-specific procedures; respirator selection; medical evaluations; fit testing; respirator use; respirator cleaning; maintenance, and repair; worker training; and other provisions. Items 2 and 12 below describe the specific information collection requirements of the Standard.

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

The following are the collection of information requirements as stated in the Standard, followed by discussions indicating how, by whom, and for what purpose the information is used for each of these requirements.

A. Respiratory protection program (§1910.134(a) and (c))

§1910.134(a)(2) - A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.

§1910.134(c)(1) - In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:

§1910.134(c)(1)(i) - Procedures for selecting respirators for use in the workplace;

§1910.134(c)(1)(ii) - Medical evaluations of employees required to use respirators;

§1910.134(c)(1)(iii) - Fit testing procedures for tight-fitting respirators;

§1910.134(c)(1)(iv) - Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

§1910.134(c)(1)(v) - Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

§1910.134(c)(1)(vi) - Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

§1910.134(c)(1)(vii) - Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

§1910.134(c)(1)(viii) - Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

§1910.134(c)(1)(ix) - Procedures for regularly evaluating the effectiveness of the program.

§1910.134(c)(2) - Where respirator use is not required:

§1910.134(c)(2)(i) - An employer may provide respirators at the request of employees or permit employees to use their own respirators if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and

§1910.134(c)(2)(ii) - In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

§1910.134(c)(3) - The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

§1910.134(c)(4) - The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

Purpose: In developing and implementing written programs, employers must address the respiratory hazards in the workplace. This process requires employers to identify, measure, and document the hazardous atmospheres their workers may encounter during routine operations, as well as reasonably foreseeable emergencies that may occur in the workplace. When changes in atmospheric hazards or other workplace conditions affect respirator use, employers must update their written programs as appropriate.³ Accordingly, a written program, properly updated, permits employers and OSHA compliance officers to assess the adequacy of the respiratory protection provided to workers.

B. Medical evaluation (§1910.134(e))

Using a respirator may place a physiological burden on workers that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the worker. Accordingly, this paragraph specifies the minimum requirements for medical evaluation that employers must implement to determine the worker's ability to use a respirator.

§1910.134(e)(1) - General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

Medical evaluation procedures (§1910.134(e)(2))

§1910.134(e)(2)(i) - The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

§1910.134(e)(2)(ii) - The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section.

Purpose: The medical evaluation program ensures that any worker required to use a respirator can tolerate the: physiological burden associated with such use, including the burden imposed by the respirator itself (e.g., its weight and breathing resistance during both normal operation and under conditions of filter, canister, or cartridge overload); musculoskeletal stress; limitations on auditory, visual, and odor sensations; and physical and psychological isolation. Several jobs and workplace conditions also impose a physiological load on the worker who uses a respirator, including the duration and frequency of respirator use, the level of physical work effort, the use of protective clothing, and temperature extremes or high humidity. Job- and workplace-related stressors may interact with respirator characteristics to increase the physiological stress

³ The burden for maintaining copies of written programs (see paragraph (m)(3) of the Standard) includes the requirement to update the programs.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

experienced by workers. For example, wearing protective clothing while performing heavy work can be highly stressful. Also, specific medical conditions can compromise a worker's ability to tolerate the physiological burdens imposed by respirator use, thereby placing the worker at increased risk of illness, injury, and even death. Such conditions include cardiovascular and respiratory diseases, reduced pulmonary function caused by factors such as smoking or prior exposure to toxic respiratory hazards, neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain), and impaired sensory function (e.g., a perforated eardrum, reduced olfactory function). Psychological conditions, such as claustrophobia, also can impair respirator use and may cause significant elevations in heart rate that can jeopardize the health of workers who are at high risk for cardiopulmonary disease.

Follow-up medical examination (§1910.134(e)(3))

§1910.134(e)(3)(i) - The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

§1910.134(e)(3)(ii) - The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

Purpose: The questionnaire and the follow-up medical examination provide information about medical conditions and physical systems that may prevent or limit workers from using some types of respirators.

Supplemental information for the PLHCP (§1910.134(e)(5))

§1910.134(e)(5)(i) - The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator⁴:

§1910.134(e)(5)(i)(A) - (A) - The type and weight of the respirator to be used by the employee;

§1910.134(e)(5)(i)(B) - The duration and frequency of respirator use (including use for rescue and escape);

§1910.134(e)(5)(i)(C) - The expected physical work effort;

⁴ In accordance to §1910.134(e)(5)(ii), any supplemental information provided previously to the PLHCP regarding a worker need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

§1910.134(e)(5)(i)(D) - Additional protective clothing and equipment to be worn; and

§1910.134(e)(5)(i)(E) - Temperature and humidity extremes that may be encountered.

§1910.134(e)(5)(iii) - The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

Purpose: This information is important to the PLHCP in making a recommendation regarding the worker's medical ability to use the respirator. Providing PLHCPs with information about the type of respirator and its use, as well as job and workplace, assists PLHCPs in determining if these factors may interact with preexisting medical conditions (identified through the medical questionnaire or medical examination) to impair a worker's ability to use the respirator. This information also allows the PLHCP to limit the conditions under which the worker uses a respirator.

Additional medical evaluations (§1910.134(e)(7))

At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

§1910.134(e)(7)(i) - An employee reports medical signs or symptoms that are related to ability to use a respirator;

§1910.134(e)(7)(ii) - A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;

§1910.134(e)(7)(iii) - Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

§1910.134(e)(7)(iv) - A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Purpose: This requirement ensures that a worker remains medically eligible to use a respirator during exposure to atmospheric contaminants in the workplace.

C. Fit testing (§1910.134(f))

This paragraph requires that, before a worker may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the worker must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of

fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.⁵

§1910.134(f)(1) The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph.

§1910.134(f)(2) - The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

§1910.134(f)(3) - The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Purpose: Respirators must fit properly to provide protection. If a tight seal is not maintained between the facepiece and the worker's face, contaminated air will be drawn into the facepiece and be breathed by the worker. The fit testing requirement of paragraph (f) seeks to protect the worker against breathing contaminated ambient air and is one of the core provisions of the respirator program required by this standard.

D. Maintenance and care of respirators (§1910.134(h))

Storing and marking emergency-use respirators (§1910.134(h)(2)(ii)(B))

This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by workers.

§1910.134(h)(2)(ii)(B) - Stored in compartments or in covers that are clearly marked as containing emergency respirators; and

§1910.134(h)(2)(ii)(C) - Stored in accordance with any applicable manufacturer instructions.

Certification of inspection records for emergency-use respirators - (§1910.134(h)(3)(iv)(A) and (h)(3)(iv)(B))

§1910.134(h)(3)(iv) - For respirators maintained for emergency use, the employer shall:

⁵ After a fit test, employers must record the worker's name, the date of the fit test, and the type, brand, and size of the respirator in accordance with paragraph (m)(3) of the Standard. These records ensure that: respirator users receive the proper fit test; the respirators selected are appropriate for the atmospheric hazards they encounter; and the respirator users receive annual retesting.

§1910.134(h)(3)(iv)(A) - Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and

§1910.134(h)(3)(iv)(B) - Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

Purpose: Marking compartments and covers permits ready access to the respirators in the event of an emergency. Additionally, certification of inspection records assures workers that emergency-use respirators will operate properly when needed.

E. Breathing air quality and use (§1910.134(i))

This paragraph requires the employer to provide workers using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.

§1910.134(i)(4)(ii) - Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air; and

§1910.134(i)(5)(iv) - Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.

Purpose: The certificate of analysis assures workers and employers that the purchased breathing air used in atmosphere-supplying respirators is safe. Also, the tag requirement assures workers and employers that sorbent beds and filters are functioning properly to remove hazardous substances from the air produced by compressors for atmosphere-supplying respirators.

F. Training and information (§1910.134(k))

Upon further analysis, the requirement that employers provide training to workers under paragraph (k), except for § 1910.134(k)(6), is not considered to be a collection of information. Paragraph (k)(6) requires the employer to provide the basic information on respirators in

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Appendix D of this section to workers who wear respirators when not required by this section or by the employer to do so.⁶

§1910.134(k)(6) - The basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees who wear respirators when such use is not required by this section or by the employer.

Purpose: If an employer provides respirators to workers for voluntary use, or if a worker provides his/her own respirator, precautions need to be taken to be sure that the respirator itself does not present a hazard.

OSHA considers the requirement in § 1910.134(k)(6) that employers provide Appendix D to workers to be public disclosure of information originally supplied by the Federal government to the employer for disclosure to the public. Additionally, the Agency considers the requirement in Appendix D that workers engaged in voluntary respirator use “read and heed” instructions provided by the respirator manufacturer to be usual and customary practice in these industries. Therefore, OSHA is taking no burden hours for this requirement.

G. Recordkeeping (§1910.134(m))

This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate worker involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Medical evaluation (§1910.134(m)(1))

§1910.134(m)(1) - Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

Fit Testing (§1910.134(m)(2))

§1910.134(m)(2)(i) - The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

§1910.134(m)(2)(i)(A) - The name or identification of the employee tested;

§1910.134(m)(2)(i)(B) - Type of fit test performed;

⁶ Employers must provide Appendix D, “Information for Employees Using Respirators When Not Required Under the Standard” to workers using respirators voluntarily. Appendix D requires employees to: “Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators [sic] limitations.”

§1910.134(m)(2)(i)(C) - Specific make, model, style, and size of respirator tested;

§1910.134(m)(2)(i)(D) - Date of test; and

§1910.134(m)(2)(i)(E) - The pass/fail results for QLFTs or the fit factor and strip chart recording or other recordings of the test results for QNFTs.

§1910.134(m)(2)(ii) - Fit test records shall be retained for respirator users until the next fit test is administered.

Respirator Program - (§1910.134(m)(3))

§1910.134(m)(3) – A written copy of the current respirator program shall be retained by the employer.

§1910.134(m)(4) - Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary or designee for examination and copying.

Upon further consideration, once a complaint is accepted by OSHA for investigation, information collected by the Agency during the inspection is not subject to the PRA under 5 CFR 1320.4(a)(2). Therefore, OSHA takes no burden or cost for disclosure of these records to OSHA during an inspection in Items 12 and 14 of this Supporting Statement.

Purpose: Employers may use a worker’s fit-testing records to select specific respirator makes, models, and sizes for subsequent fit testings, thereby, avoiding unnecessarily prolonged fit-testing sessions. These records also enable OSHA to determine if: the employer tested a worker before the initial respirator use, administered the appropriate test, and performed the test correctly; and the worker passed the test and is using the proper respirator model and size.

A written program, properly updated, permits employers and OSHA compliance officers to assess the adequacy of the respiratory protection provided to workers.

Making the information available to workers ensures that workers have access to information they can use to identify workplace atmospheric hazards and to determine the effectiveness of their employer’s respiratory protection program.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce the burden.

Employers may use improved information technology when making, keeping, or preserving the required records. OSHA wrote the Standard in performance language, i.e., it states what information to collect rather than how to collect it.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use of the purposes described in Item 2 above.

The information collection requirements in the Standard are specific to each employer and worker involved, and no other source or agency duplicates the requirements or can make the required information available to the Agency (i.e., the required information is available only from employers).

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize the burden.

The information collection requirements of the Standard do not have a significant impact on a substantial number of small entities.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

The information collection frequencies specified by the Standard are the minimum OSHA believes necessary to allow it and employers to evaluate the effectiveness of respiratory-protection programs, especially the health protection afforded by respirator use to workers who work in toxic atmospheres.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- **Requiring respondents to report information to the agency more often than quarterly;**
- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **Requiring respondents to submit more than an original and two copies of any document;**
- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**

- **In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- **Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- **Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

No special circumstances exist that require employers to collect information in the manner or using the procedures specified by this item.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically, address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every three years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

As required by the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3506(c)(A)), OSHA published a notice in the Federal Register on April 9, 2021 (86 FR 18557) soliciting public comment on its proposal to extend OMB's approval of the information collection requirements specified by the Respiratory Protection Standard (29 CFR 1910.134). This notice was part of a preclearance consultation program that provided the general public and government agencies with an opportunity to comment. The Agency received one comment from a Mr. Theo Allen (Private Citizen) in response to this notice.

Mr. Theo's comment recommended that OSHA emphasize the need for fit tested respiratory protection in addition to other controls, such as ventilation and vaccination, to protect indoor workers from COVID-19 hazards as a part of the COVID-19 Healthcare emergency temporary standard (ETS). OSHA interprets this comment as specifically addressing the COVID-19 Healthcare ETS, rather than OSHA's general respiratory protection standard, which is the subject of this ICR. As such, this comment does not raise a paperwork issue within the scope of this ICR, but rather should be considered along with other comments submitted on the COVID-19 Healthcare ETS. The public comment period is still open on the ETS (Docket ID OSHA-2020-0004) and the comment has been added to that docket (Docket ID OSHA-2020-0004-1178).

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

The Agency will not provide payments or gifts to the respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

OSHA considers the medical records required by the Standard to be confidential. To ensure that these records remain confidential, the Agency implemented §1913.10 (OMB Control Number 1218-0065), which governs its access to worker medical information.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

Perceived questions of a sensitive nature may be included in the medical questionnaires. Information from the medical questionnaire is necessary for the PLHCP, or employer, to determine what protections an employer must take to ensure that the employee will have minimal occupational exposure to hazards such as insufficient oxygen environments, harmful dusts, fogs, smokes, mists, gases, vapors, and sprays.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of**

differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**
- **Provide estimates of annualized costs to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.**

Respondent Burden Hour and Cost Burden Determinations

The following sections describe the methodology used for estimating the number of burden hours and costs resulting from the information collection requirements of the Standard. Also, for a summary of Item 12, see Table 2 at the end of this Supporting Statement.

Wage Rates

The Agency determined the wage rate from mean hourly wage earnings to represent the cost of the employee time. For the relevant standard occupational classification category, OSHA used the wage rates reported in the Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wage Statistics (OEWS), May 2020 [date accessed: January 29, 2021]. (OEWS data is available at <https://www.bls.gov/oes/tables.htm>. To access a wage rate, select the year, "Occupation Profiles," and the Standard Occupational Classification (SOC) code.

To account for the fringe benefits, the Agency used the Bureau of Labor Statistics' (BLS) *Occupational Employment Statistics (OES) (2020)*. Fringe markup is from the following BLS release: Employer Costs for Employee Compensation news release text; For release 10:00 AM (EDT), December, 2020) Link: https://www.bls.gov/news.release/archives/ecec_12152017.htm. BLS reported that for private industry, fringe benefits accounted for 31.4 percent⁷ of total compensation and wages accounted for the remaining 68.6 percent. To calculate the loaded hourly wage for each occupation, the Agency divided the mean hourly wage by 68.6 percent. The wage hour estimates are summarized in Table 1.

⁷ Some acute readers will state OSHA should use the private fringe rate in calculating wage estimates, as opposed to the use of the civilian fringe rate. The difference is not huge (31.4% versus 29.8%), but for standards where there is a significant government application, e.g., 1910.134 (Respiratory Protection), it would be more appropriate to use the civilian rate in the determination of wage estimates in this analysis.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

TABLE 1 WAGE HOUR ESTIMATES⁸				
Occupational Title	Standard Occupational Code	Mean Hour Wage Rate (A)	Fringe Benefits⁹ Multiplier (B)	Loaded Hourly Wage Rate C=A/(1-B)
Supervisory ¹⁰	11-1021	\$59.15	0.314	\$86.22
Worker	00-0000	\$25.72	0.314	\$37.49
Secretary	43-6010	\$20.87	0.314	\$30.42
Occupational Health and Safety Specialists and Technicians	19-5010	\$34.95	0.314	\$50.94

(A) Respiratory Protection Program (§1910.134(c))

The Standard requires employers to develop and maintain a written respiratory protection program. The Final Economic Analysis (FEA) for the Standard estimates that small and large firms take four and eight hours, respectively, to develop the written program. Of the estimated 699,048¹¹ employers covered by the Standard in 2012, OSHA believes that each year 12.3%¹² (86,027) are new employers who must develop new programs. The Agency assumes that 98% (84,307) of the new employers are small firms¹³ and the remaining 2% (1,721) are larger employers. The Agency assumes a supervisor will develop the written program. Therefore, the total annual burden hours and cost for both employer groups to develop a written respiratory protection program are:

⁸ Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wage Statistics, *May 2019 National Occupational Employment and Wage Estimates United States*.

⁹ Source: *Employer Costs for Employee Compensation, Supplementary Table 2*. U.S. Department of Labor, Bureau of Labor Statistics, May 2020.

¹⁰ On the wages tab in the spreadsheet, the title is listed as Supervisor but 11-1021 is General and Operations Managers in the OES data from BLS. It is the same thing, but supervisors are covered under this rulemaking to ensure the compliance of these tasks concerning respirators. In this analysis, OSHA wanted to be clear that it was the supervisors that are doing these tasks regarding the respirators.

¹¹ Source: *Respirator Usage in Private Sector Firms, 2001*. U.S. Department of Labor, Bureau of Labor Statistics (BLS) and the National Institute for Occupational Safety and Health (NIOSH). September 2003. Text Table 1: "Number and percent of establishments using respirators, by selected type of use and industry division." OSHA estimated the share of establishments using respirators in each sector by calculating the ratio of the number of establishments reported in Table 1 to total establishments reported by the 2001 County Business Patterns (CBP) and applying this same ratio to the 2018 County Business Patterns. OSHA adjusted the total 2001 CBP to represent only those industries covered by the regulation.

¹² The U.S. Department of Commerce, Bureau of Census, Longitudinal Business Database (2018 establishment entry rate). Business Dynamics Statistics. https://www.census.gov/ces/dataproducts/bds/data_firm.html.

¹³ Small firms are defined as those employers employing less than 500 employees per facility.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Burden hours: $(84,307 \times 4 \text{ hours}) + (1,721 \times 8 \text{ hours}) = 350,996 \text{ hours}$

Cost: $350,996 \text{ hours} \times \$86.22 = \$30,262,875.12$

Existing employers¹⁴ must update their programs to accommodate changes in workplace conditions that affect respirator use. OSHA assumes that 20% of existing employers (122,676) update their programs every year and that supervisors for small firms ($122,676 \times 98\% = 120,223$ firms) would take two hours, and supervisors for larger firms ($122,676 \times 2\% = 2,454$ firms) would take four hours, to update the programs. The annual burden hour and cost estimates for existing employers to update their programs are:

Burden hours: $(120,223 \times 2 \text{ hours}) + (2,454 \times 4 \text{ hours}) = 250,262 \text{ hours}$

Cost: $250,262 \text{ hours} \times \$86.22 = \$21,577,589.60$

Total burden hours and costs for new and existing employers to develop their programs are:

Total Burden hours: $350,996 \text{ hours} + 250,262 \text{ hours} = 601,258 \text{ hours}$

Total cost: $\$30,262,875.12 + \$21,577,589.60 = \$51,840,464.76$

(B) Medical Evaluation (§1910.134(e))

Paragraph (e)(2) of the Standard specifies that employers must medically evaluate workers before fit testing and initial respirator use. A PLHCP must perform medical evaluations using a medical questionnaire or an initial medical examination. The Agency estimates that a worker takes 15 minutes (15/60 hour) to complete the questionnaire. Based on the Final Economic Analysis (FEA) and the change in employment in relevant industries from 2001 to 2018, it is estimated that in 2018 the Standard covered 6,169,890 workers.¹⁵ The 2018 BLS Job Openings and Labor Turnover survey estimated an average total separations rate of 49.1%¹⁶ in industries covered by the Standard. The burden hours and cost to administer the questionnaire to the 3,029,416 ($6,169,890 \times 49.1\%$) new workers (with an hourly wage rate of \$37.49) each year are:

14 Existing employers do not include the 86,027.18 employers who developed the new initial written respirator programs.

15 OSHA calculated the change in total employment for each industry division by comparing the employment numbers in the 2018 CBP to the 2001 CBP. OSHA then applied the aggregate percent change to the number of employees reported in OSHA's Supporting Statement for the Information-Collection Requirements of the Respiratory Protection (29 CFR 1910.134), 1218-0099 (April 2001). The results showed a 23% (1.233978) overall increase in respirator users covered by the Standard. This 23% increase represents the change in employment for the relevant respirator-using industries between 2001 and 2018. Thus, it was applied to the estimate of affected workers contained in the 2001 ICR to determine updated employment figures ($5,000,000 \times (1 + .233978) = 6,169,890$).

16 Source: Bureau of Labor Statistics, U.S. Department of Labor. 2018. Job Openings and Labor Turnover Survey. Separations rate for Private Industry. <http://www.bls.gov/jlt/#data>

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Burden hours: 3,029,416 questionnaires x 15/60 hour = 757,354 hours

Cost: 757,354 x \$37.49 = \$28,393,201.46

According to paragraph (e)(3) of the Standard, employers must provide follow-up medical examinations to workers who respond positively to specific items in the questionnaire (or to the initial medical examination). OSHA estimates that 23%¹⁷ of the 3,029,416 new workers (696,766) require follow-up medical examinations each year and that it takes one hour for them to receive a follow-up medical examination. Therefore, the annual burden hours and cost of this provision are:

Burden hours: 696,766 workers x 1 hour = 696,766 hours

Cost: 696,766 hours x \$37.49 = \$26,121,757.34

Paragraph (e)(5) of the Standard requires employers to provide PLHCPs with information about a worker's respiratory and work conditions before the PLHCP makes a recommendation concerning a worker's eligibility to use the respirator. Employers provide this information to PLHCPs before a worker's initial medical evaluation and any additional medical examination.¹⁸ OSHA estimates that employers provide 3,029,416 initial medical evaluations and 308,905 additional medical (see paragraph (e)(7) below) evaluations each year and that, for each medical evaluation, a secretary takes 15 minutes (15/60 hour) to compile the required information and provide it to the PLHCP. Accordingly, each year the burden hours and cost of this requirement are:

Burden hours: 3,029,416 evaluations x 15/60 hour = 757,354 hours

Cost: 757,354 hours x \$30.42 = \$23,038,708.68

Paragraph (e)(7) of the Standard requires employers to provide an additional medical evaluation to workers under specific conditions. However, the Agency believes that most workers who use respirators do not need additional medical evaluations. Therefore, OSHA assumes that 5% of all workers (5% x 6,169,890 = 308,495) will require additional medical evaluations each year and each of these workers takes half an hour (30/60 hour) to undergo the additional medical evaluation. The yearly burden hours and cost of this provision are:

Burden hours: 308,495 workers x 30/60 hour = 154,247.50 hours

Cost: 154,247.50 hours x \$37.49 = \$5,782,738.78

¹⁷ The FEA initially estimated that 23% of the employees receiving an initial medical evaluation would need a follow-up medical examination. Accordingly, OSHA is applying this percentage to the total number of new employees covered by the Standard.

¹⁸ Employers do not need to provide supplemental information regarding a worker to the PLHCP for subsequent medical evaluations when the information and the PLHCP are the same. Therefore, employers would rarely provide this information to a PLHCP when a worker receives a follow-up examination because the PLHCP usually receives the information prior to the initial medical evaluation.

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Total burden hours and costs for administering the initial medical evaluations, follow-up medical examinations, and additional medical evaluations, as well as providing supplemental information to the PLHCPs, are:

Total Burden hours: 757,354 hours + 696,766 hours + 757,354 hours + 154,247.50 hours =
2,365,721.50 hours

Total cost: \$28,393,201.46 + \$26,121,757.34 + \$23,038,708.68 + \$5,782,738.78 =
\$83,336,406.26

C. Fit testing (§1910.134(f))

Based on percentages used in the FEA, of the 6,169,890 workers currently covered by this provision, 13% (802,086) received annual fit tests when the standard became effective. Therefore, the additional paperwork requirement associated with annual fit testing applies only to the remaining 87% (5,367,804). From percentages used in the FEA, OSHA finds that outside contractors provide quantitative fit tests to 8% (429,424) of the remaining workers while respirator manufacturers administer qualitative fit tests to about 20% (1,073,561) of these workers at no cost to their employers, and employers conduct in-house fit testing on the final group of 3,864,819 workers.

The November 2014 Respiratory Protection ICR estimated that each worker takes about 30 minutes (30/60 hour) to complete most existing fit tests and a supervisor requires also about 30 minutes (30/60 hour) to administer an in-house fit test for qualitative fit testing.

In the 2018 ICR, OSHA revised the estimated time for workers to receive fit testing. The Agency estimates that, where applicable, approved abbreviated quantitative fit testing protocols (i.e., REDON) would take employers approximately 25 minutes (25/60 hour) to administer to workers. The Agency estimates that this situation currently applies to 1,089,542¹⁹ respirator wearers.

1. Quantitative Fit Testing by Outside Contractors

OSHA increased the number of quantitative fit tests being conducted from 407,128 to 429,424 tests. The November 2014 ICR assumed all quantitative fit tests take 30 minutes to administer. The Agency now recognizes that half of the quantitative fit tests being conducted (214,712) use the REDON protocol and this protocol takes 25 minutes (25/60 hour). The other half, 214,712, of fit tests being administered mainly, use a PortaCount protocol, and this protocol takes 30 minutes (30/60 hour).

REDON:

19 Tab Input and Parameters REDON, cell H84

Burden hours: 214,712 tests x 25/60 hour (worker time) = 89,463.33 hours
Cost: 89,463.33 hours x \$37.49 = \$3,353,980.24

PortaCount:

Burden hours: 214,712 tests x 30/60 hour (worker time) = 107,356 hours
Cost: 107,356 hours x \$37.49 = \$4,024,776.44

Total hours: REDON (89,463.33) + PortaCount (107,356.00) = 196,819.33 burden hours

Total Cost: REDON \$3,353,980.24 + \$4,024,776.44 = \$7,378,756.68

2. Qualitative Fit Testing by Respirator Manufacturers

OSHA increased the number of respirator manufacturer workers that administer qualitative fit tests from 1,017,820 to 1,073,561 workers. OSHA estimates that each fit test takes 30 minutes (30/60 hour) of worker time.

Burden hours: 1,073,561 tests x 30/60 hour (worker time) = 536,780.50 hours
Cost: 536,780.50 hours x \$37.49 = \$20,123,900.95

3. In-House Fit Testing by Supervisors

Employers conduct in-house fit testing for 3,864,819 workers. Of these 733,189 workers will receive REDON in-house fit testing taking a supervisor and the employee 25 minutes (25/60 hour) each to do the fit testing.

REDON

Burden hours:

Supervisors: 733,189²⁰ tests x 25/60 hour = 305,495.42
Workers: 733,189 tests x 25/60 hour = 305,495.42
Total: 610,990.84 hours

Cost:

Supervisors: 305,495.42 hours x \$86.22 = \$26,339,815.11
Workers: 305,495.42 hours x \$37.49 = \$11,453,023.30
Total: = \$37,792,838.41

Other Forms of Fit Testing (Qualitative Fit Testing):

Burden hours:

20 Tab Input and Parameters 2021, cell H98

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Supervisors: $3,131,630 \times 30/60 \text{ hour} = 1,565,815$

Workers: $3,131,630 \times 30/60 \text{ hour} = 1,565,815$

Total: 3,131,630 hours

Cost

Supervisors: $1,565,815 \text{ hours} \times \$86.22 = \$135,004,569.30$

Workers: $1,565,815 \text{ hours} \times \$37.49 = \$58,702,404.35$

Total: \$193,706,973.65

Total hours: REDON (610,990.84) + Other Fit-Testing (3,131,630) = 3,742,620.84 burden hours

Total Cost: REDON (\$37,792,838.41) + Other Fit-Testing (\$193,706,973.65) = \$231,499,812.06

Total burden hours and costs for fit testing by outside contractors, respirator manufacturers, and in-house supervisors are:

Total burden hours: 196,819.33 hours + 536,780.50 hours + 3,742,620.84 hours = 4,476,220.67 hours

Total cost: \$7,378,756.68 + \$20,123,900.95 + \$231,499,812.06 = \$259,002,469.69

D. Maintenance and care of respirators (§1910.134(h))

Storing and marking emergency-use respirators (§1910.134(h)(2)(ii)(B))

This provision requires employers to store emergency-use respirators in compartments or protective covers and clearly mark the compartments or covers to indicate that they contain emergency-use respirators. The FEA estimated that approximately 2% of the employers who use respirators must comply with this marking requirement; hence, out of the total number of employers who use respirators (699,408) 13,988 would be affected by this provision. OSHA assumes that 10% of these employers (1,399) are new employers who are complying with this provision for the first time and each of these employers marks an average of two emergency-use respirators, for a total of 2,798 respirators. Also, the Agency estimates that a worker takes 5 minutes (5/60 hour) to mark a storage compartment or protective cover for each respirator. Therefore, the annual burden-hour and cost estimates for this requirement are:

Burden hours: $2,798 \text{ respirators} \times 5/60 \text{ hour} = 233.17 \text{ hours}$

Cost: $233.17 \text{ hours} \times \$37.49 = \$8,741.54$

Certification of inspection records for emergency-use respirators (§1910.134(h)(3)(iv)(A) and

(h)(3)(iv)(B)

Employers must inspect emergency-use respirators at least monthly and then certify, in writing, the inspection records for these respirators. OSHA estimates that a worker takes 10 minutes (10/60 hour) to perform the inspection and to complete the written certificate (e.g., enter the required inspection information on a tag or label attached to the compartment used to store the respirator). As noted in the previous section, the Agency determined that 13,988 employers each have two emergency-use respirators (for a total of 27,976 respirators). Accordingly, the yearly burden hour and cost estimates for this provision are:

Burden hours: 27,976 respirators x 12 inspections/year x 10/60 hour = 55,952 hours
Cost: 55,952 hours x \$37.49 = \$2,097,640.48

E. Breathing air quality and use (§1910.134(i))

Certificate of analysis for cylinders (§1910.134(i)(4)(ii))

The Agency believes that it is the usual and customary practice among suppliers of purchased breathing air to provide employers with the required certificate when they purchase the breathing air. Therefore, OSHA is taking no burden for this requirement.

Sorbent beds and filters (§1910.134(i)(5)(iv))

The Agency assumes that employers make three sorbent-bed and filter changes on each air compressor annually. OSHA estimates that the requirement to maintain a tag on each compressor displaying the required change information applies to 30,941 compressors²¹ and a worker takes five minutes (5/60 hour) to enter this information on a tag. Therefore, the annual burden hours and cost of this provision are:

Burden hours: 30,941 compressors x 3 changes/year x 5/60 hour = 7,735.25 hours
Cost: 7,735.25 hours x \$37.49 = \$289,994.52

(F) Training and information (§1910.134(k))

See Item 2. above.

(G) Recordkeeping (§1910.134(m))

21 OSHA assumes that compressors are used in supplied air respirators and the number of compressors declined at the same rate as total employment. The decline in total employment was calculated by comparing the 2001 CBP data to the 2018 CBP data. Hence, the 14.89% change is the change from 2001 to 2018 (see footnote 11). OSHA has updated the value contained in the 2001 ICR to update this 14.89% increase (26,931 x (1+.1489) = 30,941).

Medical-Evaluation Records (§1910.134(m)(1))

Employers must maintain the medical-evaluation records required by the Standard following 29 CFR 1910.1020. For purposes of estimating the burden hours and cost imposed by this recordkeeping provision, the Agency assumed that each medical procedure (i.e., initial medical evaluation, follow-up medical examination, and additional medical evaluation) resulted in a record. Based on the determinations made under section (B) above, OSHA finds that employers must maintain 4,035,087 medical records each year (i.e., 3,029,416 initial medical evaluations + 696,766 follow-up medical examinations + 308,905 additional medical evaluations). Also, the Agency estimates that a secretary takes 5 minutes (5/60 hour) to maintain each medical record. Accordingly, the annual burden hours and cost of this recordkeeping requirement are:

Burden hours: 4,035,087 records x 5/60 hour = 336,257.25 hours
Cost: 336,257.25 hours x \$30.42 = \$10,228,945.54

Respirator Fit-Testing Records (§1910.134(m)(2))

The fit-testing provisions of the Standard require employers to establish and maintain a record of the qualitative and quantitative fit tests administered to workers. As noted under section (C) above, employers collect 5,367,804 fit-testing records annually. OSHA estimates that a secretary spends 5 minutes (5/60 hour) annually establishing and maintaining each of these records. The burden hours and cost associated with this provision are:

Burden hours: 5,367,804 records x 5/60 hour = 447,317 hours
Cost: 447,317 hours x \$30.42 = \$13,607,383.14

Written Respiratory Protection Program Records (§1910.134(m)(3))

In Paragraph A of Item 12 of this Supporting Statement, OSHA estimates the costs for employers to develop and update a written respiratory protection program. The Agency believes that, for each affected employer, a secretary takes 5 minutes (5/60 hour) to maintain the program record. Therefore, this provision results in the following burden hours and cost:

Burden hours: 699,408 records x 5/60 hour = 58,284 hours
Cost: 58,284 hours x \$30.42 = \$1,772,999.28

Employee Access (§1910.134(m)(4))

OSHA assumes that each year 10% of the 6,169,890 (616,989) workers subject to the medical-evaluation provisions of the Standard request to review their medical records. The Agency believes that a secretary takes 5 minutes (5/60 hour) to process each of these requests. Therefore, this provision results in the following burden hours and cost:

Respiratory Protection Standard (29 CFR 1910.134)

OMB Control Number 1218-0099

Expiration Date: August 31, 2021

Burden hours: 616,989 workers x 5/60 hour = 51,415.75 hours

Cost: 51,415.75 hours x \$30.42 = \$1,564,067.11

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 2 – Estimated Annualized Respondent Hour and Cost Burden Table								
Information Collection Requirement	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (In Hrs.)	Total Burden Hours (rounded)	Avg. Hourly Wage Rate*	Total Burden Costs
A. Respiratory Protection Program								
	Supervisor	699,048	0.120602591	84,307	4	337,228	\$86.22	\$29,075,798.16
	Supervisor	699,048	0.002461919639	1,721	8	13,768	\$86.22	\$1,187,076.96
	Supervisor	699, 048	0.1710053422	120,223	2	240,446	\$86.22	\$20,731,254.10
	Supervisor	699, 048	0.00351048855	2,454	4	9,816	\$86.22	\$846,335.52
Subtotal (A.)				208,705		601,258		\$51,840,464.76
B. Medical Evaluation								
	Worker	699, 048	4.3336308809	3,029,416	15/60	757,354	\$37.49	\$28,393,201.46
	Worker	699, 048	0.9967355604	696,766	1	696,766	\$37.49	\$26,121,757.34
	Secretary	699, 048	4.3336308809	3,029,416	15/60	757,354	\$30.42	\$23,038,708.68
	Worker	699, 048	0.4413073208	308,495	30/60	154,247.50	\$37.49	\$5,782,738.78
Subtotal (B.)				7,064,093		2,365,721.50		\$83,336,406.26
C. Fit Testing								

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 2 – Estimated Annualized Respondent Hour and Cost Burden Table								
Information Collection Requirement	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (In Hrs.)	Total Burden Hours (rounded)	Avg. Hourly Wage Rate*	Total Burden Costs
1. Quantitative Fit Testing by Outside Contractors								
<i>REDON</i>	Worker	699, 048	0.3071491514	214,712	25/60	89,463.33	\$37.49	\$3,353,980.24
<i>PortaCount</i>	Worker	699, 048	0.3071491514	214,712	30/60	107,356	\$37.49	\$4,024,776.44
<i>Subtotal (C.1.)</i>				429,424		196,819.33		\$7,378,756.68
2. Qualitative Fit testing by Respirator manufacturers	Worker	699, 048	1.5357471876	1,073,561	30/60	536,780.50	\$37.49	\$20,123,900.95
3. In-House Fit Testing by Supervisors								
<i>REDON</i>	Supervisor	699, 048	1.0488392786	733,189	25/60	305,495.42	\$86.22	\$26,339,815.11
	Worker	699, 048	1.0488392786	733,189	25/60	305,495.42	\$37.49	\$11,453,023.30
<i>Other Forms of Fit Testing</i>	Supervisor	699, 048	4.4798497385	3,131,630	30/60	1,565,815	\$86.22	\$135,004,569.30
	Worker	699, 048	4.4798497385	3,131,630	30/60	1,565,815	\$37.49	\$58,702,404.35

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 2 – Estimated Annualized Respondent Hour and Cost Burden Table								
Information Collection Requirement	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (In Hrs.)	Total Burden Hours (rounded)	Avg. Hourly Wage Rate*	Total Burden Costs
<i>Subtotal (C.3)</i>				7,729,638		3,742,620.84		\$231,499,812.06
<i>Subtotal (C.)</i>				9,232,623		4,476,220.67		\$259,002,469.69
D. Maintenance and Care of Respirators								
Storing and Marking Emergency-Use Respirators	Worker	699, 048	0.004002586375	2,798	5/60	233.17	\$37.49	\$8,741.55
Certification of Inspection Records for Emergency-Use Respirators	Worker	699, 048	0.4802417001	335,712	10/60	55,952	\$37.49	\$2,097,640.48
<i>Subtotal (D.)</i>				338,510		56,185.17		\$2,106,382.03

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 2 – Estimated Annualized Respondent Hour and Cost Burden Table								
Information Collection Requirement	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (In Hrs.)	Total Burden Hours (rounded)	Avg. Hourly Wage Rate*	Total Burden Costs
E. Breathing Air Quality and Use								
Certificate of Analysis for Cylinders	-	-	-	-	-	-	-	-
Sorbent Beds and Filters	Worker	699, 048	0.1327848731	92,823	5/60	7,735.25	\$37.49	\$289,994.52
Subtotal (E.)				92,823		7,735.25		\$289,994.52
F. Training and Information								
		-	-	-	-	-	-	-
G. Recordkeeping								
Medical-Evaluation Records	Secretary	699, 048	5.772260274	4,035,087	5/60	336,257.25	\$30.42	\$10,228,945.55
Respirator Fit-Testing Records	Secretary	699, 048	7.6787345075	5,367,804	5/60	447,317	\$30.42	\$13,607,383.14
Written Respiratory	Secretary	699, 048	1	699, 048	5/60	58,254	\$30.42	\$1,772,086.68

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 2 – Estimated Annualized Respondent Hour and Cost Burden Table								
Information Collection Requirement	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (In Hrs.)	Total Burden Hours (rounded)	Avg. Hourly Wage Rate*	Total Burden Costs
Protection Program Records								
Employee Access	Secretary	699,048	0.8826132111	616,989	5/60	51,415.75	\$30.42	\$1,564,067.11
<i>Subtotal (G.)</i>				10,718,928		893,244		\$27,172,482.40
TOTAL				27,655,682		8,400,364.59		\$423,749,112.34

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14.)

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life on capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**
- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collections services should be part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**
- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

Medical Examinations

Assuming that each medical examination costs \$362.23²², the total cost of administering the medical examinations (see section (B) above (§1910.134(e)(3) and (e)(7)) is \$364,284,206.33 (696,766 follow-up + 308,905 additional = 1,005,671 medical examinations)

Fit-Testing Materials

As noted under section (C) above, employers administer in-house fit tests to 3,864,819 workers

²² The previous ICR assumed that each medical examination cost \$324.58. The Consumer Price Index (CPI) indicated an 11.6% increase in the price of medical services from December 2015 to December 2018; the cost of a medical examination was assumed to have increased by 11.6% as well.

Respiratory Protection Standard (29 CFR 1910.134)
OMB Control Number 1218-0099
Expiration Date: August 31, 2021

each year. Estimating that the materials for each fit test cost \$1.29²³, OSHA determined that the total cost of these materials is \$4,985,616.51.²⁴

Quantitative Fit Tests

Section (C) above shows that contractors administer quantitative fit tests to 429,424 workers. Having determined that the price of each of these fit tests is \$86.46²⁵, the Agency found that the total cost of this testing is \$37,127,999.04.

	Current Cost	Requested Cost	Change in Cost
Medical Examinations	\$279,214,752	\$364,284,206.33	\$85,069,454.33
Fit-Testing Materials	\$4,470,268	\$4,985,616.51	\$515,348,51
Quantitative Fit-Test	\$33,221,645	\$37,127,999.04	\$3,906,354.04
Total	\$316,906,665	\$406,397,821.88	\$89,491,156.88

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.

The Agency has no annualized costs associated with enforcing the Standard. OSHA would only review records in the context of an investigation of a particular employer to determine compliance with the Standard. These activities are outside the scope of PRA. See 5 CFR

23 The previous ICR assumed that materials for each fit test cost \$1.22. Given an increase in the overall CPI of 5.95% from 2015 to 2018, it was assumed that the cost of materials increased by 5.95% as well.

24 OSHA is not including the cost of administering qualitative fit tests as a capital expense because respirator manufacturers provide this service at no cost to employers with the purchase of their respirators.

25 The previous ICR determined that the price of quantitative fit test was \$81.60. Given an increase in the overall CPI of 5.95% from 2015 to 2018, it was assumed that the cost of quantitative fit tests increased by 5.95% as well.

Respiratory Protection Standard (29 CFR 1910.134)
OMB Control Number 1218-0099
Expiration Date: August 31, 2021

1320.4(a)(2).

15. Explain the reasons for any program changes or adjustments.

The Agency requests an adjustment increase of 979,905 hours, from 7,420,460 to 8,400,365 hours, as a result of updating the number of establishments and workers covered by the Standard.

The Agency is also requesting a cost increase of \$89,491,156.88 from \$316,906,665 to \$406,397,821.88 as a result of updating the number of employees covered by the Standard; and the inclusion of medical costs for those employees who will have additional medical examinations.

16. For a collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

OSHA will not publish the information collected under the Standard.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

OSHA lists current valid control numbers in §§ 1910.8, 1915.8, 1917.4, 1918.4, and 1926.5 and publishes the expiration date in the Federal Register notice announcing OMB approval of the information-collection requirement. (See 5 CFR 1320.3(f)(3)) OSHA believes that this is the most appropriate and accurate mechanism to inform interested parties of these expiration dates.

18. Explain each exception to the certification statement.

OSHA is not seeking such an exception.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This Supporting Statement does not contain any collection of information requirements that employ statistical methods.

Respiratory Protection Standard (29 CFR 1910.134)
 OMB Control Number 1218-0099
 Expiration Date: August 31, 2021

Table 3

Description of Requested Burden-Hours

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
Respiratory Protection Program	496,580	601,258	104,678	\$51,840,464.76	208,705	Adjustment: There was an increase in the number of new employers from 65,056 to 86,027. There was an increase in the number of existing employers from 113,310 to 122,676. These increases resulted in an overall increase in burden hours.
Medical Evaluation						
Medical Evaluation: Initial Medical Evaluations, Follow-up Medical Examinations, Additional Medical Evaluations, and Information Provided to the PLHCP	2,021,369	2,365,721.50	343,927.50	\$83,336,406.26	7,064,093	Adjustment: Increase in the number of estimated workers covered by the Standard, from 5,849,542 workers to 6,169,890
Fit Testing	4,042,172	4,476,220.67	434,048.67	\$259,002,469.69	9,232,623	Adjustment: As a result of increasing the number of employers who use respirators

Respiratory Protection Standard (29 CFR 1910.134)
OMB Control Number 1218-0099
Expiration Date: August 31, 2021

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
						increased from 631,607 to 699,048.
Maintenance and Care of Respirators:						
Storing and Marking Emergency-Use Respirator	211	233.17	22.17	\$8,741.55	2,798	Adjustment: The overall number of employers covered by the standard increased from 631,607 to 699,048.
Certification of Emergency-Use Respirator	50,528	55,952	5,424	\$2,097,640.48	335,712	Adjustment: The overall number of employers covered by the standard increased from 631,607 to 699,048.
Breathing air quality and use						
Certificate of Analysis of Cylinders						
Sorbent Beds and Filters	6,733	7,735.25	1,002.25	\$289,994.52	92,823	Adjustment: OSHA increased the number of Sorbet Beds and filters from 26,931 to 30,941.
Training and Information	0	0	0	0		
Recordkeeping						

Respiratory Protection Standard (29 CFR 1910.134)
OMB Control Number 1218-0099
Expiration Date: August 31, 2021

Information Collection Requirement	Current Burden Hours	Requested Burden Hours	Burden Hour Change	Estimated Cost	Responses	Description of Change Adjustment or Program Change
Medical-Evaluation Records-443,292.41	277,395	336,257.25	58,862.25	\$10,228,945.55	4,035,087	Adjustment: Increase in the number of estimated workers covered by the Standard, from 5,849,542 to 6,169,890 workers
Fit-Testing Records	424,092	447,317	23,225	\$13,607,383.14	5,367,804	Adjustment: The number of fit-test records increased from 5,089,102 records to 5,367,804 records.
Written Program Record	52,634	58,254	5,620	\$1,772,086.68	699,048	Adjustment: The number of employers maintaining written respiratory programs increased from 631,607 records to 699,048 records.
Employee Access	48,746	51,415.75	2,669.75	\$1,564,067.11	616,989	Adjustment: The number of employees requesting access to their records increased from 584,954 to 616,989 records.
TOTALS	7,420,460	8,400,364.59	979,904.59	\$423,748,199.66	27,655,682	