

| INSTRUCTIONS: | | | TITLE OF INFORMATION COLLECTION DOCUMENT | | | | | OMB NO. | | |
|--|---|----------------------------------|--|---------------------------------------|--|----------------------------------|--|------------------------------------|--|---|
| | | | Conditions for Payment of Avian Influenza Indemnity Claims | | | | | 0579-0440 | | |
| 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 (Col. D x E) (F) | HOURS PER RESPONSE (G) | TOTAL HOURS (Col. F x G) (H) | NO. OF RECORDKEEPERS (I) | ANNUAL HOURS PER RECORDKEEPER (J) | RECORDKEEPING HOURS (Col. I x J) (K) |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
| 9 CFR 53.10g, 53.11e | Biosecurity Plans (Business) | none | 18,900 | 1 | 18,900 | 2.250 | 42,525 | | | 0 |
| 53.10g, 53.11e(2), 145.12, 146.11 | OSA Biosecurity Audit (State) | none | 50 | 12 | 600 | 8 | 4,800 | | | 0 |
| 53.10g, 53.11e(2), 145.12, 146.11 | Check Audit (Business) | none | 5 | 1 | 5 | 8 | 40 | | | 0 |
| 53.10g, 53.11e(2), 145.12, 146.11 | Check Audit (State) | none | 5 | 1 | 5 | 16 | 80 | | | 0 |
| 53.10g | Restocking Agreement and HPAI Testing (Business) | none | 25 | 1 | 25 | 0.500 | 13 | | | 0 |
| 53.10g | Restocking Agreement and HPAI Testing (State) | none | 2 | 13 | 25 | 0.500 | 13 | | | 0 |
| 56.2 | Indemnity and Compensation Decision Determination Worksheet (Business) | VS 9-14 | 5 | 1 | 5 | 0.500 | 3 | | | 0 |
| 56.2 | Indemnity and Compensation Decision Determination Worksheet (State) | VS 9-14 | 2 | 1 | 2 | 0.500 | 1 | | | 0 |
| 53.3, 56.3 | Appraisal and Indemnity Request (Business) | VS 9-13 | 30 | 1 | 30 | 0.500 | 15 | | | 0 |
| SUBTOTAL | | | | | 19,597 | | 47,490 | 0 | | 0 |
| TOTAL OF ALL PAGES | | | | 18,950 | 19,763 | | 48,714 | 0 | | 0 |
| TOTAL COLUMNS F + I = OMB 831, 13b COLUMNS H + K = OMB 831, 13c | | | | | 19,763 | | 48,714 | | | |

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| IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT | | | | ANNUAL BURDEN | | | | | | |
| | | | | REPORTS | | | | RECORDS | | |
| SECTION OF REGS (A) | DESCRIPTION (B) | FORM NO's (if none, so state) (C) | NO. OF RESPONDENTS (D) | NO. OF RESPONSES PER RESPONDENT (E) | TOTAL ANNUAL RESPONSES (Col. D x E) (F) | HOURS PER RESPONSE (G) | TOTAL HOURS (Col. F x G) (H) | NO. OF RECORDKEEPERS (I) | ANNUAL HOURS PER RECORDKEEPER (J) | RECORDKEEPING HOURS (Col. I x J) (K) |
| 56.4d | Flock Plan and Compliance Agreement (Business) | none | 30 | 1 | 30 | 0.500 | 15 | | | 0 |
| 56.4d | Flock Plan and Compliance Agreement (State) | none | 5 | 1 | 5 | 0.500 | 3 | | | 0 |
| 53.3, 56.4c, 56.6 | Appraisal and Indemnity Claim (Business) | VS 1-23, VS 1-23a | 30 | 1 | 30 | 0.500 | 15 | | | 0 |
| 53.3, 56.4c, 56.6 | Appraisal and Indemnity Claim (State) | VS 1-23, VS 1-23a | 2 | 1 | 2 | 0.500 | 1 | | | 0 |
| 56.5(d)(2)(i) | Compost Windrow Checklists (Business) | VS 9-15 | 25 | 1 | 25 | 25 | 625 | | | 0 |
| 56.10, 145.15, 146.14 | Initial State Response and Containment Plan (State) | none | 49 | 1 | 49 | 10 | 490 | | | 0 |
| | Initial Contact Epidemiological Report (Business) | VS 9-16 | 25 | 1 | 25 | 3 | 75 | | | 0 |

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| SUBTOTAL | | | | 166 | | 1,224 | 0 | | 0 |
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