

OMB CONTROL NO. 0579-0192		TITLE OF INFORMATION COLLECTION REQUEST Infectious Salmon Anemia (ISA) Payment of Indemnity					DATE PREPARED June 14, 2021				
TYPE OF REQUEST Renewal							PUBLIC COMMENT DOCKET NO. APHIS-2020-0110				
POINT OF CONTACT Teresa Robinson							FEDERAL REGISTER NOTICE 85 FR 74312				
TELEPHONE NO. (207) 319-6703							FEDERAL REGISTER DATE November 20, 2020				
PART I - SUMMARY											
TOTAL RESPONDENTS 13		TOTAL ANNUAL RESPONSES 191		% ELECTRONIC 0%	RESPONSES PER RESPONDENT 14.6923077		TOTAL BURDEN HOURS 549		HOURS PER RESPONSE 2.87435	% SMALL ENTITIES 0%	
PART II - LIST OF ACTIVITIES											
TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURRENCE	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 TOTAL ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED TOTAL ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	P2		I	9 CFR 53.10	ISA Program Enrollment Form	VS 1-22		1	1	0.250	1
	P2		I	9 CFR 53.8	All Species Appraisal and Indemnity Claim Form and Continuation Sheet	VS 1-23 and 1-23A		1	1	1	1
D	P2		R	9 CFR 53.8	All Species Appraisal and Indemnity Claim Form and Continuation Sheet	VS 1-23 and 1-23A		1	1	2	2
	P2		I	9 CFR 53.10(e)(3)	Biosecurity Protocols	None		1	1	3	3
	P2		I	9 CFR 53.10(e)(8)	Biosecurity Audits	None		1	13	2	26
	P2		I	9 CFR 53.10(e)(4)	ISA Action Plan	None		1	13	3	39
	P2		I	9 CFR 53.10(e)(6)	Fish Inventory	None		1	1	3	3
	P2		I	9 CFR 53.10(e)(7)	Mortality Data	None		1	1	3	3
	P2		R	9 CFR 53.10(e)(7)	Mortality Data	None		1	1	1	1
	P2	X	I	9 CFR 53.10(e)(2)	Disease Surveillance	None		13	156	3	468
	P2		I	9 CFR 53.2(b)	Proceeds from Animals Sold for Slaughter	VS 1-24		1	1	1	1
	P2		I	9 CFR 53.2(b)	Appraisal Request for Affected Premises Using Contract Growers	VS 1-26		1	1	1	1