

**SUPPORTING STATEMENT FOR
THE INFORMATION COLLECTION REQUIREMENTS IN THE
COVID-19 EMERGENCY TEMPORARY STANDARD FOR HEALTHCARE AND
ASSOCIATED INDUSTRIES (29 CFR 1910, Subpart U)
OMB CONTROL NO. 1218-0277
(December 2021)**

This Information Collection Request (ICR) is requesting a revision for the approval of information collected in OSHA's Emergency Temporary Standard (ETS) for COVID-19, which was initially approved until December 31, 2021. OSHA is requesting approval of the revised information collection for three years.

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 main objective of the Occupational Safety and Health Act ("OSH Act" or "Act") 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(a)). To achieve this objective, the OSH Act specifically authorizes "the development and promulgation of occupational safety and health standards" (29 U.S.C. 651(b)(9)). The Act also states that the Secretary may adopt regulations requiring employers to maintain records "for developing information regarding the causes and prevention of occupational accidents and illnesses"; to maintain records of, and make periodic reports on, work-related deaths, injuries, and illnesses; and "to maintain accurate records of employee exposures to potentially toxic materials or harmful physical agents." (29 U.S.C. 657 (c)). The Act further states that "[t]he Secretary . . . shall . . . prescribe such rules and regulations as [he/she] may deem necessary to carry out [his/her] responsibilities under this Act, including rules and regulations dealing with the inspection of an employer's establishment" (29 U.S.C. 657(g)(2)).

In addition, the OSH Act requires the Occupational Safety and Health Administration ("OSHA" or "the agency") to issue an Emergency Temporary Standard (ETS) if OSHA determines that "employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards," and an ETS is "necessary to protect employees from such danger." 29 U.S.C. 655(c)(1).

On January 21, 2021, President Biden issued Executive Order 13999, which directed OSHA to consider whether an ETS is necessary to protect "healthcare workers and other essential workers" from the coronavirus disease 2019 (COVID-19) pandemic. OSHA determined that an ETS is necessary to protect workers from the grave danger posed by COVID-19 and issued an ETS for Healthcare and Associated Industries (29 CFR 1910.502) on June 21, 2021 (86 FR

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32376). Section 1910.502 contains collections of information necessary to assist OSHA, employers, and employees to respond to the hazard of COVID-19 in the workplace.

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 COVID-19 recordkeeping and reporting provisions for healthcare and associated industries contains the following collections of information:

29 CFR § 1910.502 – Healthcare and Associate Industries.¹

¹ The scope provision of § 1910.502 states:

(a) *Scope and application.*

- (1) Except as otherwise provided in this paragraph, this section applies to all settings where any employee provides healthcare services or healthcare support services.
- (2) This section does not apply to the following:
 - (i) the provision of first aid by an employee who is not a licensed healthcare provider;
 - (ii) the dispensing of prescriptions by pharmacists in retail settings;
 - (iii) non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;
 - (iv) well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;
 - (v) home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;
 - (vi) healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or
 - (vii) telehealth services performed outside of a setting where direct patient care occurs.

Note to paragraphs (a)(2)(iv) and (a)(2)(v): OSHA does not intend to preclude the employers of employees who are unable to be vaccinated from the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v). Under various anti-discrimination laws, workers who cannot be vaccinated because of physical conditions, such as allergies to vaccine ingredients, or certain religious beliefs may ask for a reasonable accommodation from their employer. Accordingly, where an employer reasonably accommodates an employee who is unable to be vaccinated in a manner that does not expose the employee to COVID-19 hazards (e.g., telework, working in isolation), that employer may be within the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v).

- (3) (i) Where a healthcare setting is embedded within a non-healthcare setting (e.g., nurse's office in a school, medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location.
 - (ii) Where emergency responders or other licensed healthcare providers (e.g., school nurse providing care to a student in a classroom) enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee.
- (4) In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f), (h), and (i) of this section do not apply to employees who are fully vaccinated.

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§ 1910.502(q) Recordkeeping.

- (1) Small employer exclusion. Employers with 10 or fewer employees on the effective date of this section are not required to comply with paragraph (q)(2) or (q)(3) of this section.
- (2) Required records. Employers with more than 10 employees on the effective date of this section must:
 - (ii) establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.
 - (A) The COVID-19 log must contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.
 - (B) The information in the COVID-19 log must be recorded within 24 hours of the employer learning that the employee is COVID-19 positive and must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law.
 - (C) The COVID-19 log must be maintained and preserved while this section remains in effect.

Note to paragraph (q)(2)(ii): The COVID-19 log is intended to assist employers with tracking and evaluating instances of employees who are COVID-19 positive without regard to whether those employees were infected at work. The tracking will help evaluate potential workplace exposure to other employees.

- (3) Availability of records. By the end of the next business day after a request, the employer must provide, for examination and copying:
 - (ii) The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.
 - (iii) A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19

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symptoms, if any were experienced, to all of the following: any employees, their personal representatives, and their authorized representatives.

(iv) All records required to be maintained by this section to the Assistant Secretary.

Note to paragraph (q): Employers must continue to record all work-related confirmed cases of COVID-19 on their OSHA Forms 300, 300A, and 301, or the equivalent forms, if required to do so under 29 CFR Part 1904.

Purpose: The requirement that employers establish and COVID-19 logs is essential for effective protection against the hazard of COVID-19. The information will assist OSHA in evaluating employer compliance with COVID-19-related requirements, thereby ensuring workers are receiving adequate protection. This information can also be used by employers, workers, and OSHA to monitor exposures, evaluate the effectiveness of the employer's COVID-19 protections, and identify potential high risk areas. The availability of records provisions ensure that these benefits are realized by providing employees, their representatives, and OSHA access to these records.

§ 1910.502(r) Reporting COVID-19 fatalities and hospitalizations to OSHA.

(1) The employer must report to OSHA:

- (i) Each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality.
- (ii) Each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

(2) When reporting COVID-19 fatalities and in-patient hospitalizations to OSHA in accordance with paragraph (r)(1) of this section, the employer must follow the requirements in 29 CFR 1904.39, except for 29 CFR 1904.39(a)(1) and (2) and (b)(6).

Purpose: The requirement that employers report all COVID-19 fatalities and hospitalizations to OSHA is essential to enforcement of its COVID-19-related requirements, as it allows the agency to identify employers who may not comply with the ETS record keeping requirements or who may not be effectively controlling exposures. This requirement will also provide OSHA with valuable information to evaluate the effectiveness of particular control measures and to identify jobs, workplaces, and industries with high exposure risk.

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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.

For most of the paperwork requirements in the ETS, the agency wrote the requirements in performance-oriented language (i.e., in terms of what data to collect, not how to record the data.) So long as the records are maintained in a manner consistent with federal and state privacy requirements and made available to employees, their representatives, and OSHA in accordance with the ETS's availability of records provisions, the employer may use improved information technology when establishing and maintaining the required records.

For the requirement that employers report work-related COVID-19 fatalities and hospitalization to OSHA, employers must follow the requirements in 29 CFR 1904.39. That provision allows employers to report to OSHA by telephone or by electronic submission using a reporting application located on OSHA's public website (Recordkeeping and Reporting Occupational Injuries and Illnesses (29 CFR Part 1904), OMB Control No. 1218-0176) until the expiration of this subpart.

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 of the ETS are specific to each employer and worker involved, and no other source or agency duplicates these 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 burden.

Although OSHA has determined that the ETS is not subject to the requirement of the Regulatory Flexibility Act to prepare an initial regulatory flexibility analysis, the agency has nevertheless examined the impact of the ETS on small and very small entities as part of OSHA's analysis of feasibility. OSHA has determined that the information collection requirements of the ETS do not have a significant impact on a substantial number of small entities.

Even so, OSHA has included provisions in the ETS to minimize the burden on small employers to comply with the Standard's recordkeeping requirements.

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 ETS are the minimum frequencies that the agency believes are necessary to ensure that employers and OSHA can effectively monitor

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the exposure and health status of workers, thereby helping to prevent serious illness or death resulting from hazardous occupational exposures to COVID-19.

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 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.**

Under § 1910.502(r)(1), the employer must report each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality and each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

8. If applicable, provide a copy and identify the data 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.

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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.

On June 21, 2021, OSHA published an interim Final Rule issuing an ETS to protect healthcare and healthcare support service workers from occupational exposure to COVID-19 in setting where people with COVID-19 are likely to be present. This ETS contained new collections of information, so OSHA prepared and submitted a new ICR to OMB for review in accordance with 44 U.S.C. 3507(d). The agency requested that OMB assign a new OMB Control Number.

On June 21, 2021, OMB issued a Notice of Action assigning this information collection request a new OMB Control Number 1218-0277 and stating, "The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(5)." A copy of the ICR is available to the public at <http://www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=1218-0277>.

In accordance with the PRA (44 U.S.C. 3506(c)(2)), OSHA solicited public comments on the collection of information contained in the ETS. OSHA encouraged commenters to submit their comments on the information collection requirements contained in the Interim Final Rule under docket number OSHA-2021-0003. In addition to generally soliciting comments on the collection of information requirements, the rule indicated that OSHA and OMB were particularly interested in comments that:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

OSHA received only one submission to the OSHA-2021-0003 docket. That submission did not address any of the collection of information requirements, instead generally criticizing the quality of the ETS and suggesting that it be revamped and republished (OSHA-2021-0003-0001). However, the agency did receive 471 public comments on the ETS Final. All comments can be found on regulations.gov under docket number OSHA-2020-0004.

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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.

The ETS contains several provisions aimed at maintaining employee privacy. These include the requirement that notifications of employee exposure to COVID-19 “must not include any employee’s name, contact information (e.g., phone number, email address), or occupation” and the requirement that COVID-19 log must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law, including limiting access to an individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee. In addition, OSHA has developed and implemented 29 CFR 1913.10 (“Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records”) to regulate access to employee medical records.

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 diagnosing whether an employee is showing signs or symptoms of the coronavirus when medical questions are posed to properly diagnose the patient and the employee’s occupational exposure to COVID-19.

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.**

COVID-19 ETS (29 CFR 1910, Subpart U)**OMB Control Number: 1218-0277****Expires: December 31, 2021****RESPONDENT BURDEN-HOUR AND COST BURDEN DETERMINATIONS**

OSHA estimates that a total of 10,338,353 employees in 748,814 establishments are potentially at risk from exposure to COVID-19 in the healthcare and associate industries.

For the sole purpose of calculating burden hours and costs under the Paperwork Reduction Act, this Supporting Statement has rounded the totals found in Tables B, the *Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement*.

Wage Rates

OSHA used occupation-specific wage rates from Bureau of Labor Statistics (BLS) 2018 Occupational Employment Statistics data (BLS, 2019). The estimated loaded wage rates are calculated using industry-specific fringe benefit rates for all civilian workers as reported in the BLS 2018 Employer Costs for Employee Compensation data, as well as OSHA's standard estimate for overhead of 17 percent times the base wage (BLS, 2018) to arrive at the loaded wage rate.

In Table A is a summary of the how the wage rate estimates were derived for the information collection requirements specified by the Standard.

Table A – Estimated Wage Rates

Occupation	SOC	Mean hourly rate	Fringe Benefits	Overhead Loading	Wage rate
Physicians and Nurse Practitioners	29-1210 29-1170	\$95.85	0.6925	0.17	\$154.71
Occupational Health and Safety (OHS) Specialists	19-5011	\$36.68	0.6925	0.17	\$59.20
General Worker*	-----	\$21.61	0.7	0.17	\$35.60
Human Resources (HR) Manager	11-3121	\$62.29	0.6925	0.17	\$100.54
General and Operation (GO) Manager	11-1020	\$53.58	0.7	0.17	\$88.16
Information and Records (IR) Clerk	43-4000	\$21.47	0.7	0.17	\$36.94
General Office Clerk	43-9061	\$17.48	0.6925	0.17	\$28.21

* This wage rate is a weighted average of all employees across all industries. Source: ETS Economic Analysis Spreadsheets, under the "Labor Wage" tab.

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1. Recordkeeping.

§1910.502(q)(2)(ii) – Required Records

Employers with more than 10 employees on the effective date of this section must:

COVID-19 Log:

Maintain Log:

For each employee with COVID-19, OSHA assumes 10 minutes (0.17 hours) of labor from an Information and Records Clerk (SOC 43-4000) to record the case in the employer's COVID-19 log. OSHA estimates 78,571 cases² will need to be recorded. Baseline non-compliance is estimated to be 100 percent.

Burden Hours: 78,571 cases x 1.0 (non-compliance) x 0.17 hours =
13,357.15 hours

Cost: 13,357.15 hours x \$36.94 (IR clerk) = \$493,413.20

§1910.502(q)(3)(ii)-(iv) - Availability of records.

By the end of the next business day after a request, the employer must provide, for examination and copying: (ii) the individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee, (iii) a version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their personal representatives, and their authorized representatives, (iv) all records required to be maintained by this section to the Assistant Secretary.

OSHA estimates it takes 5 minutes (0.08 hours) of a clerical worker's time to make the relevant COVID-19 log entries accessible to the employee or their representative. OSHA estimates that approximately 5% of the 10,338,353 covered employees, or 516,918 workers, will request access to these records during each year the ETS is in effect. Baseline non-compliance with this requirement is estimated to be 25 percent.

Burden Hours: 516,918 employees x 0.25 (non-compliance) x 0.08 hours =
10,338.36 hours

² The number of cases confirmed positive after taking the COVID-19 test. (10,338,353 employees x 0.38% = 39,286 cases)

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Cost: 10,338.36 hours x \$36.94 (IR clerk) = \$381,899.02

2. Reporting COVID-19 fatalities and hospitalizations to OSHA.

§1910.502(r)(2)

The employer must report to OSHA: (i) each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality, and (ii) each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

OSHA estimates it takes 20 minutes (0.33 hours) of GO manager time at \$88.16 to report the fatality or hospitalization to the agency. OSHA estimates that 0.0020 percent of covered employees will be affected.

Large establishments:

The agency estimates that large establishments will have to report 66 cases (3,300,919 covered employees x 0.00002 = 66). Baseline non-compliance is 25 percent for large establishments.

Burden Hours: 66 cases reported x 0.25 (non-compliance) x 0.33 hours = 5.45 hours

Cost: 5.45 hours x \$88.16 (GO manager) = \$480.16

SBA-defined small establishments:

The agency estimates that SBA-defined small establishments will have to report 116 cases (5,799,312 covered employees x 0.00002 = 116). Baseline non-compliance is 25 percent for SBA-defined small establishments.

Burden Hours: 116 cases reported x 0.25 (non-compliance) x 0.33 hours = 9.57 hours

Cost: 9.57 hours x \$88.16 (GO manager) = \$843.59

Very small establishments:

The agency estimates that very small establishments will have to report 25 cases (1,238,122 covered employees x 0.00002 = 25). Baseline non-compliance is 50 percent for very small establishments.

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Burden Hours: 25 cases reported x 0.50 (non-compliance) x 0.33 hours =
4.09 hours

Cost: 4.09 hours x \$88.16 (GO manager) = \$360.20

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Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries

	Frequency	Basis	Respondent	Annual Responses	Non-Compliance Rate/NTR	Hours per Response	Annual Hour Burden	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	<i>d = a x b x c</i>	<i>e</i>	<i>f = d x e</i>	<i>g = a x b</i>
1910.502 - Healthcare and Associated Industries										
1. Recordkeeping										
COVID-19 Log										
Maintain COVID-19 Log	Intermittent	Employee	IR Clerk	78,571	100%	0.17	13,357.15	\$36.94	\$493,413.20	78,571.48
Employee Access to the COVID-19 Records	Intermittent	Employee	File Clerk	516,918	25%	0.08	10,338.36	\$36.94	\$381,899.02	129,229.41
2. Reporting COVID-19 of Fatalities and Hospitalizations										
Process and Report Information to OSHA	Intermittent	Employee	IR Clerk	66	25%	0.33	5.45	\$36.94	\$480.16	16.50
Large Establishments										
Process and Report Information to OSHA	Intermittent	Employee	IR Clerk	116	25%	0.33	9.57	\$36.94	\$843.59	29.00
SBA-Defined Small Establishments										
Process and Report Information to OSHA	Intermittent	Employee	IR Clerk	25	50%	0.33	4.09	\$36.94	\$360.20	12.38

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	Frequency	Basis	Respondent	Annual Responses	Non-Compliance Rate/NTR	Hours per Response	Annual Hour Burden	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	<i>d = a x b x c</i>	<i>e</i>	<i>f = d x e</i>	<i>g = a x b</i>
Very Small Establishments										
Total				595,696			23,714.61		\$876,996.18	207,858.87

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- 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.

Item 12 above provides the total cost of the information collection requirements specified by § 1910.502(q)(2)(ii)&(3)(ii)-(iv) and § 1910.502(r)(2).

- 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.**

There are no costs to the Federal Government.

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

The agency is requesting a program change decrease of 19,248,345 hours and an adjustment increase of 11,858 hours in recordkeeping with an annual burden of 23,715. The change in burden from the previous submission is a result of OSHA seeking clearance for the recordkeeping requirements under § 1910.502(q)(2)(ii) and (3) (ii)-(iv) to establish and maintain COVID-19 logs recording each instance in which an employee is COVID-19 positive, and to make such records available upon request to employees or their representatives, and the reporting requirements under § 1910.502(r), reporting COVID-19 fatalities and hospitalizations to OSHA. Requiring the employer to report each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality and each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

16. This is a new information collection request. For 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.

There are no tabulating, statistical, tabulating analysis, or publication plans for the collections of information.

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.

Not applicable. OSHA is not seeking to display the expiration date of these collections nor is any format proposed that would support displaying the expiration date.

18. Explain each exception to the certification statement.

OSHA is not requesting an exception to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

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