**SUPPORTING STATEMENT FOR THE**

**INFORMATION COLLECTION REQUIREMENTS IN THE**

**ASBESTOS IN GENERAL INDUSTRY STANDARD (29 CFR 1910.1001)[[1]](#footnote-3)**

 **Office of Management and Budget (OMB)**

**CONTROL NO. 1218-0133 (June 2023)**

This is an extension request for 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 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). To achieve this objective, the OSH Act specifically authorizes “the development and promulgation of occupational safety and health regulations” (29 U.S.C. 651). The Act states further that “[t]he Secretary . . . shall prescribe such rules and regulations as [they] 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).

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 worker exposure” to occupational hazards and that “prescribe the type and frequency of medical examinations and other tests which shall be made available [by the employer] to workers exposed to such hazards in order to most effectively determine whether the health of such workers is adversely affected by such exposure” (29 U.S.C. 655). Moreover, the Act directs the agency to “issue regulations requiring employers to maintain accurate records of worker exposures to potentially toxic materials or other harmful physical agents which are required to be monitored and measured” (29 U.S.C. 657), 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” (29 U.S.C. 657). In addition, 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 . . .” (29 U.S.C. 657).

The Act authorizes the agency to issue standards that “prescribe use of labels or other appropriate forms of warning as are necessary to insure that workers are apprised of all hazards to which they are exposed, relevant symptoms and appropriate emergency treatment, and proper conditions and precautions of safe use or exposure” (29 U.S.C. 655). Additionally, the OSH Act states “[w]here appropriate, any such standard shall prescribe the type and frequency of medical examinations or other tests . . . in order to most effectively determine whether the health of such workers is adversely affected by such exposure” (29 U.S.C. 655). Finally, the Act mandates that “[e]ach employer shall make, keep and preserve, and make available to the Secretary . . . such records . . . as the Secretary . . . may prescribe by regulation as necessary or appropriate for the enforcement of this Act . . .” (29 U.S.C. 657).

Under its statutory authority, OSHA promulgated a general industry health standard regulating worker asbestos exposure (29 CFR 1910.1001). The purpose of this regulation is to protect workers from the health effects associated with occupational exposure to asbestos. Prolonged exposure to asbestos may cause numerous disabling or fatal diseases, including asbestosis, an emphysema-like condition; lung cancer; mesothelioma, a cancerous tumor that spreads rapidly in the cells of membranes covering the lungs and body organs; and gastrointestinal cancer. In general, this standard requires employers to monitor worker exposure to asbestos, to take action to reduce worker exposure to the permissible exposure limit (PEL), to monitor worker health, and to provide workers with information about their exposures and the health effects of asbestos.

Items 2 and 12 below list and describe the specific 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 collection of information requirements will help employers monitor worker exposure to asbestos, to take action to reduce worker exposure to the PEL, to monitor worker health, and to provide workers with information about their exposures and the health effects of asbestos.

**Exposure Monitoring (§ 1910.1001(d))**

*General* *(§ 1910.1001(d)(1))*

*§ 1910.1001(d)(1)(i)*-Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour [time-weighted average limit (TWA)] and 30-minute short-term exposures of each employee.

*§ 1910.1001(d)(1)(ii)* -Representative 8-hour TWA employee exposures shall be determined on the basis of one or more samples representing full-shift exposures for each shift for each employee in each job classification in each work area. Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30 minute exposures associated with operations that are most likely to produce exposures above the excursion limit for each shift for each job classification in each work area.

**Initial Monitoring (§ 1910.1001(d)(2))**

*§ 1910.1001(d)(2)(i)* - Each employer who has a workplace or work operation covered by this standard, except as provided for in paragraphs (d)(2)(ii) and (d)(2)(iii) of this section, shall perform initial monitoring of employees who are, or may reasonably be expected to be exposed to airborne concentrations at or above the TWA [permissible exposure limit (PEL)] and/or excursion limit.

*§ 1910.1001(d)(2)(iii) -* Where the employer has relied upon objective data that demonstrate that asbestos is not capable of being released in airborne concentrations at or above the TWA permissible exposure limit and/or excursion limit under the expected conditions of processing, use, or handling, then no initial monitoring is required.

**Purpose**:Employers must perform initial monitoring to determine the extent of asbestos exposure in their workplace. Initial monitoring allows employers to identify areas of operation that may require an additional reduction in airborne asbestos to meet the PEL. The results of initial exposure monitoring also assist employers in determining the need for engineering controls, implementing or modifying work practices, and selecting appropriate respiratory protection to prevent workers from overexposure to asbestos.

**Monitoring Frequency (Periodic Monitoring) and Patterns (§ 1910.1001(d)(3))**

After the initial determinations required by paragraph (d)(2)(i) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than six months for employees whose exposures may reasonably be foreseen to exceed the TWA permissible exposure limit and/or excursion limit.

**Purpose**:Periodic monitoring allows employers to determine the effects of implemented controls, modifications in process, materials, or environmental conditions on workers’ exposure to asbestos.

**Additional Monitoring (§ 1910.1001(d)(5))**

Notwithstanding the provisions of paragraphs (d)(2)(ii) and (d)(4) of this section, the employer shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the production, process, control equipment, personnel or work practices that may result in new or additional exposures above the TWA permissible exposure limit and/or excursion limit or when the employer has any reason to suspect that a change may result in new or additional exposures above the PEL and/or excursion limit.

**Purpose**:Changes in the production process, chemicals present, control equipment, and new personnel may lead to increases in worker exposure levels. Additional monitoring is necessary so that the employer takes action to protect workers, such as providing appropriate respiratory equipment or instituting engineering controls. Additional monitoring ensures that the work area is safe or alerts the employer to the need to increase worker protection.

**Method of Monitoring (§ 1910.1001(d)(6))**

*§ 1910.1001(d)(6)(iii)(c) -*The equivalent method is documented and the results of the comparison testing are maintained.

**Notification of Monitoring Results (§ 1910.1001(d)(7))**

*§ 1910.1001(d)(7)(i)*- The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

*§ 1910.1001(d)(7)(ii)*- The written notification required by paragraph (d)(7)(i) of this section shall contain the corrective action being taken by the employer to reduce employee exposure to or below the TWA and/or excursion limit, wherever monitoring results indicated that the TWA and/or excursion limit had been exceeded.

**Purpose**:Consistent with section 8(c)(3) of the Act, every worker has the right to know what their exposure level is and whether it is above or below the AL. Moreover, since the PEL is one that also considers feasibility and, therefore, is not necessarily a “safe” level, it is necessary for the workers to know the level of asbestos to which they were exposed.

Additionally, when exposures are above the PEL, the employer must also state in the notification what corrective action the employer is going to take to reduce the exposure level. This requirement is necessary to assure workers that the employer is making every effort to furnish them with a safe and healthful work environment and to implement section 8(c)(3) of the OSH Act.

**Methods of Compliance (§ 1910.1001(f))**

*Compliance Program (§ 1910.1001(f)(2))*

*§ 1910.1001(f)(2)(i)*-Where the TWA and/or excursion limit is exceeded, the employer shall establish and implement a written program to reduce employee exposure to or below the TWA and to or below the excursion limit by means of engineering and work practice controls as required by paragraph (f)(1) of this section, and by the use of respiratory protection where required or permitted under this section.

*§ 1910.1001(f)(2)(ii)* - Such programs shall be reviewed and updated as necessary to reflect significant changes in the status of the employer's compliance program.

*§ 1910.1001(f)(2)(iii)* - Written programs shall be submitted upon request for examination and copying to the Assistant Secretary, the Director[[2]](#footnote-4), affected employees and designated employee representatives.

*Specific Compliance Methods for Brake and Clutch Repair (§* [*1910.1001(f)(3)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(f)(3))*)*

*§ 1910.1001(f)(3)(i)*-Engineering controls and work practices for brake and clutch repair and service. During automotive brake and clutch inspection, disassembly, repair and assembly operations, the employer shall institute engineering controls and work practices to reduce employee exposure to materials containing asbestos using a negative pressure enclosure/HEPA vacuum system method or low pressure/wet cleaning method, which meets the detailed requirements set out in Appendix F to this section. The employer may also comply using an equivalent method which follows written procedures which the employer demonstrates can achieve results equivalent to Method A in Appendix F to this section. For facilities in which no more than 5 pair of brakes or 5 clutches are inspected, disassembled, repaired, or assembled per week, the method set forth in paragraph [D] of Appendix F to this section may be used.

*§ 1910.1001(f)(3)(ii)* - The employer may also comply by using an equivalent method which follows written procedures, which the employer demonstrates can achieve equivalent exposure reductions as do the two "preferred methods." Such demonstration must include monitoring data conducted under workplace conditions closely resembling the process, type of asbestos containing materials, control method, work practices and environmental conditions which the equivalent method will be used, or objective data, which document that under all reasonably foreseeable conditions of brake and clutch repair applications, the method results in exposures which are equivalent to the methods set out in Appendix F to this section.

**Purpose**:Requiring employers to develop written engineering and work practice control procedures equivalent to Method A in Appendix F ensures employers and workers take necessary steps to avoid asbestos exposure.

The written procedure reminds employers to maintain exposure-control methods that are equivalent to those examples found in Appendix F.

**Respiratory Protection (§ 1910.1001(g))**

*§ 1910.1001(g)(1)* - General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this paragraph. Respirators must be used during:

*§ 1910.1001(g)(1)(i)* - Periods necessary to install or implement feasible engineering and work-practice controls.

*§ 1910.1001(g)(1)(ii)* - Work operations, such as maintenance and repair activities, for which engineering and work-practice controls are not feasible.

*§ 1910.1001(g)(1)(iii)* - Work operations for which feasible engineering and work- practice controls are not yet sufficient to reduce employee exposure to or below the TWA and/or excursion limit.

*§ 1910.1001(g)(1)(iv)* -Emergencies.

*Respiratory Program (§ 1910.1001(g)(2)(i))*

The employer must implement a respiratory protection program in accordance with 29 CFR [1910.]134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

**Purpose**: OSHA’s Respiratory Protection Standard assists employers in protecting the health of workers exposed to airborne contaminants and biological agents that they find infeasible to control at the required level using work practice and engineering methods.

**Protective Work Clothing and Equipment (§ 1910.1001(h))**

*Removal and Storage (§ 1910.1001(h)(2))*

*§ 1910.1001(h)(2)(iv) -* The employer shall ensure that containers of contaminated protective devices or work clothing, which are to be taken out of change rooms or the workplace for cleaning, maintenance or disposal, bear labels in accordance with paragraph (j) of this section.

*Cleaning and Replacement (§ 1910.1001(h)(3))*

*§ 1910.1001(h)(3)(iv)* - Any employer who gives contaminated clothing to another person for laundering shall inform such person of the requirement in paragraph (h)(3)(iii) of this section to effectively prevent the release of airborne fibers of asbestos in excess of the permissible exposure limits.

*§ 1910.1001(h)(3)(v)*-The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with asbestos of the potentially harmful effects of exposure to asbestos.

*§ 1910.1001(h)(3)(vi) -* The employer shall ensure that contaminated clothing is transported in sealed impermeable bags, or other closed, impermeable containers, and labeled in accordance with paragraph (j) of this section.

**Purpose**: The information provided by employers under this provision will protect personnel who may encounter asbestos-contaminated clothing from the hazards associated with asbestos exposure.

**Communication of Hazards to Employees (§ 1910.1001(j))**

*Hazard Communication – General* *(§* [*1910.1001(j)(1)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(j)(2)(i))*)*

*§* [*1910.1001(j)(1)(i)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(j)(2)(i))*)* - Chemical manufacturers, importers, distributors and employers shall comply with all requirements of the Hazard Communication Standard (HCS) (§ 1910.1200) for asbestos.

*§* [*1910.1001(j)(1)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(j)(2)(i))*(iii)* - Employers shall include asbestos in the hazard communication program established to comply with the HCS (§ 1910.1200). Employers shall ensure that each employee has access to labels on containers of asbestos and to safety data sheets, and is trained in accordance with the requirements of HCS and paragraph (j)(7) of this section.

**Note**: Employers who are manufacturers or importers of asbestos or asbestos products must comply with the requirements regarding the development of safety data sheets and hazard communication programs as specified in the OSHA Hazard Communication Standard. Because these hours are already included in the hazard communication ICR (OMB Control No. 1218-0072), no hours are assumed in this package. The collections of information for the labels and training required by the HCS as it pertains to asbestos in general industry are addressed in this Supporting Statement.

*Duties of Employers and Building and Facility Owners (§* [*1910.1001(j)(3)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(j)(2)(i))*)*

*§* [*1910.1001(j)(3)(i)*](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_1001&src_anchor_name=1910.1001(j)(2)(i)) - Building and facility owners shall determine the presence, location, and quantity of [asbestos-containing materials (ACM)] and/or [presumed asbestos-containing material (PACM)] at the work site. Employers and building and facility owners shall exercise due diligence in complying with these requirements to inform employers and employees about the presence and location of ACM and PACM.

*§ 1910.1001(j)(3)(ii)*-Building and facility owners shall maintain records of all information required to be provided pursuant to this section and/or otherwise known to the building owner concerning the presence, location and quantity of ACM and PACM in the building/facility. Such records shall be kept for the duration of ownership and shall be transferred to successive owners.

*§ 1910.1001(j)(3)(iii)* -Building and facility owners shall inform employers of employees, and employers shall inform employees who will perform housekeeping activities in areas which contain ACM and/or PACM of the presence and location of ACM and/or PACM in such areas which may be contacted during such activities.

*Warning Signs (§ 1910.1001(j)(4))*

*§ 1910.1001(j)(4)(i)*– Posting. Warning signs shall be provided and displayed at each regulated area. In addition, warning signs shall be posted at all approaches to regulated areas so that an employee may read the signs and take necessary protective steps before entering the area.

*Sign Specifications (§ 1910.1001(j)(4)(ii))*

*§ 1910.1001(j)(4)(ii)(A)* -The warning signs required by paragraph (j)(4)(i) of this section shall bear the following information:

DANGER
ASBESTOS

MAY CAUSE CANCER
CAUSES DAMAGE TO LUNGS
AUTHORIZED PERSONNEL ONLY

*§ 1910.1001(j)(4)(ii)(B)* -In addition, where the use of respirators and protective clothing is required in the regulated area under this section, the warning signs shall include the following:

WEAR RESPIRATORY PROTECTION AND

PROTECTIVE CLOTHING IN THIS AREA

*§ 1910.1001(j)(4)(ii)(C)* - Prior to June 1, 2016, employers may use the following legend in lieu of that specified in paragraph (j)(4)(ii)(A) of this section:

DANGER

ASBESTOS

CANCER AND LUNG DISEASE

HAZARD

AUTHORIZED PERSONNEL ONLY

*§ 1910.1001(j)(4)(ii)(D)* - Prior to June 1, 2016, employers may use the following legend in lieu of that specified in paragraph (j)(4)(ii)(B) of this section:

RESPIRATORS AND PROTECTIVE CLOTHING

ARE REQUIRED IN THIS AREA

*§ 1910.1001(j)(4)(iv)* - At the entrance to mechanical rooms/areas in which employees reasonably can be expected to enter and which contain ACM and/or PACM, the building owner shall post signs which identify the material which is present, its location, and appropriate work practices which, if followed, will ensure that ACM and/or PACM will not be disturbed. The employer shall ensure, to the extent feasible, that employees who come in contact with these signs can comprehend them. Means to ensure employee comprehension may include the use of foreign languages, pictographs, graphics, and awareness training.

**Purpose**: These signs alert workers that they can enter a regulated area only if they have the authority to do so and a specific need exists to enter the area. The signs, therefore, warn workers that they are in or near a hazardous area, and supplement the hazard-recognition training workers receive under the Standard.

*Warning Labels (§1910.1001(j)(5))*

*§ 1910.1001(j)(5)(i)*- Labeling. Labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers, or to their containers. When a building owner or employer identifies previously installed ACM and/or PACM, labels or signs shall be affixed or posted so that employees will be notified of what materials contain ACM and/or PACM. The employer shall attach such labels in areas where they will clearly be noticed by employees who are likely to be exposed, such as at the entrance to mechanical room/areas. Signs required by paragraph (j) of this section may be posted in lieu of labels so long as they contain the information required for labeling.

*§ 1910.1001(j)(5)(ii)* - Label specifications. In addition to the requirements of paragraph (j)(1), the employer shall ensure that labels of bags or containers of protective clothing and equipment, scrap, waste, and debris containing asbestos fibers include the following information:

DANGER

CONTAINS ASBESTOS FIBERS

MAY CAUSE CANCER

CAUSES DAMAGE TO LUNGS

DO NOT BREATHE DUST

AVOID CREATING DUST

*§ 1910.1001(j)(5)(iii)* - Prior to June 1, 2015, employers may include the following information on raw materials, mixtures or labels of bags or containers of protective clothing and equipment, scrap, waste, and debris containing asbestos fibers in lieu of the labeling requirements in paragraphs (j)(1)(i) and (j)(5)(ii) of this section:

DANGER

CONTAINS ASBESTOS FIBERS

AVOID CREATING DUST

CANCER AND LUNG DISEASE HAZARD

**Purpose**: Warning labels inform downstream employers and workers of the hazards associated with asbestos and that they may need to implement special practices to prevent exposure to the substance. It also reminds both the employer and workers of the continuing need to protect against the hazards that could result from worker overexposure.

Furthermore, hazard labels alert other employers who, in the absence of such labels, may not know that asbestos is present in their workplace and, consequently, that they must comply with the Standard.

**Employee Information and Training (§ 1910.1001(j)(7))**

*§ 1910.1001(j)(7)(i)*-The employer shall train each employee who is exposed to airborne concentrations of asbestos at or above the PEL and/or excursion limit in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

*§ 1910.1001(j)(7)(ii)* -Training shall be provided prior to or at the time of initial assignment and at least annually thereafter.

*§ 1910.1001(j)(7)(iii)*-The training program shall be conducted in a manner which the employee is able to understand. The employer shall ensure that each employee is informed of the following:

*§ 1910.1001(j)(7)(iii)(A)* - The health effects associated with asbestos exposure;

*§ 1910.1001(j)(7)(iii)(B)* - The relationship between smoking and exposure to asbestos producing lung cancer:

*§ 1910.1001(j)(7)(iii)(C)* - The quantity, location, manner of use, release, and storage of asbestos, and the specific nature of operations which could result in exposure to asbestos;

*§ 1910.1001(j)(7)(iii)(D)* - The engineering controls and work practices associated with the employee's job assignment;

*§ 1910.1001(j)(7)(iii)(E)* -The specific procedures implemented to protect employees from exposure to asbestos, such as appropriate work practices, emergency and clean-up procedures, and personal protective equipment to be used;

*§ 1910.1001(j)(7)(iii)(F)* - The purpose, proper use, and limitations of respirators and protective clothing, if appropriate;

*§ 1910.1001(j)(7)(iii)(G)* - The purpose and a description of the medical surveillance program required by paragraph (l) of this section;

*§ 1910.1001(j)(7)(iii)(H)* - The content of this Standard, including appendices.

*§ 1910.1001(j)(7)(iii)(I)* - The names, addresses and phone numbers of public health organizations which provide information, materials, and/or conduct programs concerning smoking cessation. The employer may distribute the list of such organizations contained in appendix I to this section, to comply with this requirement.

*§ 1910.1001(j)(7)(iii)(J)* - The requirements for posting signs and affixing labels and the meaning of the required legends for such signs and labels.

*§ 1910.1001(j)(7)(iv)* -The employer shall also provide, at no cost to employees who perform housekeeping operations in an area which contains ACM or PACM, an asbestos awareness training course, which shall at a minimum contain the following elements: health effects of asbestos, locations of ACM and PACM in the building/facility, recognition of ACM and PACM damage and deterioration, requirements in this Standard relating to housekeeping, and proper response to fiber release episodes, to all employees who perform housekeeping work in areas where ACM and/or PACM is present. Each such employee shall be so trained at least once a year.

**Note**:The requirement that employers provide training to workers under paragraph (j)(7) is not considered to be a collection of information. Therefore, OSHA does not take a burden for this activity under Item 12 of this Supporting Statement.

**Purpose**:Training is essential to inform workers of the health hazards of asbestos exposure and to provide them with the understanding required to minimize these health hazards. In addition, training provides information to workers that enable them to recognize how and where asbestos exposure occurs, and what steps to take, including work practices, to avoid or limit such exposure. Another benefit of training is that it serves to explain and reinforce the information

presented to workers on warning signs and labels. In this regard, workers must understand the information and be aware of the actions they must take to avoid or minimize asbestos exposure.

**Medical Surveillance (§ 1910.1001(l))**

*Employers Covered, General (§ 1910.1001(l)(1)(i))*

The employer shall institute a medical surveillance program for all employees who are or will be exposed to airborne concentrations of fibers of asbestos at or above the TWA and/or excursion limit.

*Pre-Placement Examinations (§ 1910.1001(l)(2))*

*§ 1910.1001(l)(2)(i)*-Before an employee is assigned to an occupation exposed to airborne concentrations of asbestos fibers at or above the TWA and/or excursion limit, a pre-placement medical examination shall be provided or made available by the employer.

*§ 1910.1001(l)(2)(ii)* -Such examination shall include, as a minimum, a medical and work history; a complete physical examination of all systems with emphasis on the respiratory system, the cardiovascular system and digestive tract; completion of the respiratory disease standardized questionnaire in Appendix D to this section, Part 1; a 14- by 17-inch or other reasonably-sized standard film or digital posterior-anterior chest X-ray; pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1); and any additional tests deemed appropriate by the examining physician. Classification of chest X-rays shall be conducted in accordance with Appendix E to this section.

*Periodic Examinations (§ 1910.1001(l)(3))*

*§ 1910.1001(l)(3)(i)*-Periodic medical examinations shall be made available annually.

*§ 1910.1001(l)(3)(ii)* -The scope of the medical examination shall be in conformance with the protocol established in paragraph (l)(2)(ii) of this section, except that the frequency of chest X-rays shall be conducted in accordance with Table 1 to this section, and the abbreviated standardized questionnaire contained in part 2 of Appendix D to this section shall be administered to the employee.

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| **Table 1 – Frequency of Chest X-Ray** |
| **Years Since** **First Exposure** | **Age of Employee** |
| **15 to 35** | **35 to 45** | **45 +** |
| 0 to 10 | Every 5 years | Every 5 years | Every 5 years |
| 10 + | Every 5 years | Every 2 years | Every 1 year |

*Termination of Employment Examinations (§ 1910.1001(l)(4))*

*§ 1910.1001(l)(4)(i)*-The employer shall provide, or make available, a termination of employment medical examination for any employee who has been exposed to airborne concentrations of fibers of asbestos at or above the TWA and/or excursion limit.

*§ 1910.1001(l)(4)(ii)*-The medical examination shall be in accordance with the requirements of the periodic examinations stipulated in paragraph (l)(3) of this section, and shall be given within 30 calendar days before or after the date of termination of employment.

**Purpose**:The principal purpose of medical surveillance is the prevention or detection of abnormalities that may occur in some asbestos-exposed workers early enough to prevent future or progressive adverse health effects. Documentation and maintenance of the medical-examination results provide a continuous record of worker health. Physicians use these records to determine the extent to which workers, since their last examination, experience health effects related to their asbestos exposure. Further, if symptoms of damage appear, the physician often needs information about a worker’s previous medical conditions to make an accurate diagnosis of the new condition, ascertain its apparent cause, and identify a course of treatment. Medical records also permit workers to determine whether or not they need treatment or to evaluate the effectiveness of their employer’s exposure-reduction program.

*Information Provided to the Physician (§ 1910.1001(l)(6))*

The employer shall provide the following information to the examining physician:

*§ 1910.1001(l)(6)(i)* -A copy of this Standard and appendices D and E.

*§ 1910.1001(l)(6)(ii)* -A description of the affected employee's duties as they relate to the employee's exposure.

*§ 1910.1001(l)(6)(iii)* -The employee's representative exposure level or anticipated exposure level.

*§ 1910.1001(l)(6)(iv)* - A description of any personal protective and respiratory equipment used or to be used.

*§ 1910.1001(l)(6)(v)* - Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.

**Purpose**: Making this information available to physicians assists them in evaluating a worker’s health and fitness for specific job assignments involving asbestos exposure. In the case of medical examinations administered in response to emergency exposures, the physician can use the exposure information to devise an appropriate treatment.

*Physician's Written Opinion (§ 1910.1001(l)(7))*

*§ 1910.1001(l)(7)(i)*-The employer shall obtain a written signed opinion from the examining physician. This written opinion shall contain the results of the medical examination and shall include:

*§ 1910.1001(l)(7)(i)(A)* - The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos;

*§ 1910.1001(l)(7)(i)(B)* - Any recommended limitations on the employee or upon the use of personal protective equipment such as clothing or respirators;

*§ 1910.1001(l)(7)(i)(C)* - A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment; and

*§ 1910.1001(l)(7)(i)(D)*-A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

*§ 1910.1001(l)(7)(ii)* - The employer shall instruct the physician not to reveal in the written opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to asbestos.

*§ 1910.1001(l)(7)(iii)* - The employer shall provide a copy of the physician's written opinion to the affected employee within 30 days from its receipt.

**Purpose**: The purpose of this requirement is to provide the employer with a medical basis to aid in the determination of the initial placement of workers and to assess the worker’s ability to use protective clothing and equipment. The physician’s written opinion also provides information to the employer as to whether the worker may be suffering from overexposure to asbestos. The requirement that a physician’s opinion is in written form will ensure that employers have had the benefit of the information. Providing workers with a copy of the physician's written opinion informs them of the medical-examination results so that they can assist in determining the need for, and evaluate the effectiveness of, treatment or other interventions.

**Recordkeeping (§ 1910.1001(m))**

*Exposure Measurements (§ 1910.1001(m)(1))*

*§ 1910.1001(m)(1)(i)*-The employer shall keep an accurate record of all measurements taken to monitor employee exposure to asbestos as prescribed in paragraph (d) of this section.

*§ 1910.1001(m)(1)(ii)* -This record shall include at least the following information:

*§ 1910.1001(m)(1)(ii)(A)* -The date of measurement;

*§ 1910.1001(m)(1)(ii)(B)*- The operation involving exposure to asbestos which is being monitored;

*§ 1910.1001(m)(1)(ii)(C)* -Sampling and analytical methods used and evidence of their accuracy;

*§ 1910.1001(m)(1)(ii)(D)* - Number, duration, and results of samples taken;

*§ 1910.1001(m)(1)(ii)(E)* - Type of respiratory protective devices worn, if any; and

*§ 1910.1001(m)(1)(ii)(F)* - Name and exposure of the employees whose exposure are represented.

*§ 1910.1001(m)(1)(iii)* -The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.1020.

**Note**:The employer may utilize the services of competent organizations such as industry trade associations and employee associations to maintain the records required by this section.

*Objective Data for Exempted Operations (§ 1910.1001(m)(2))*

*§ 1910.1001(m)(2)(i)* - Where the processing, use, or handling of products made from or containing asbestos is exempted from other requirements of this section under paragraph (d)(2)(iii) of this section, the employer shall establish and maintain an accurate record of objective data reasonably relied upon in support of the exemption.

*§ 1910.1001(m)(2)(ii)* - The record shall include at least the following:

*§ 1910.1001(m)(2)(ii)(A)* - The product qualifying for exemption;

*§ 1910.1001(m)(2)(ii)(B)* - The source of the objective data;

*§ 1910.1001(m)(2)(ii)(C)* - The testing protocol, results of testing, and/or analysis of the material for the release of asbestos;

*§ 1910.1001(m)(2)(ii)(D)* - A description of the operation exempted and how the data support the exemption; and

*§ 1910.1001(m)(2)(ii)(E)* - Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

*§ 1910.1001(m)(2)(iii)* - The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

*Medical Surveillance (§ 1910.1001(m)(3))*

*§ 1910.1001(m)(3)(i)* -The employer shall establish and maintain an accurate record for each employee subject to medical surveillance by paragraph (l)(1)(i) of this section, in accordance with 29 CFR 1910.1020.

*§ 1910.1001(m)(3)(ii)* -The record shall include at least the following information:

*§ 1910.1001(m)(3)(ii)(A)*-The name of the employee;

*§ 1910.1001(m)(3)(ii)(B)* - Physician's written opinions;

*§ 1910.1001(m)(3)(ii)(C)* - Any employee medical complaints related to exposure to asbestos; and

*§ 1910.1001(m)(3)(ii)(D)* - A copy of the information provided to the physician as required by paragraph (l)(6) of this section.

*§ 1910.1001(m)(3)(iii)* -The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.1020.

*Training (§ 1910.1001(m)(4))*

The employer shall maintain all employee training records for one (1) year beyond the last date of employment of that employee.

*Availability (§ 1910.1001(m)(5))*

*§ 1910.1001(m)(5)(i)*-The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying.

*§ 1910.1001(m)(5)(ii)* -The employer, upon request shall make any exposure records required by paragraph (m)(1) of this section available for examination and copying to affected employees, former employees, designated representatives and the Assistant Secretary, in accordance with 29 CFR 1910.1020(a) through (e) and (g) through (i).

*§ 1910.1001(m)(5)(iii)* -The employer, upon request, shall make employee medical records required by paragraph (m)(3) of this section available for examination and copying to the subject employee, to anyone having the specific written consent of the subject employee, and the Assistant Secretary, in accordance with 29 CFR 1910.1020.

**Note**:The agency has no annualized cost 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 the PRA. *See* 5 CFR 1320.4(a)(2).

*Transfer of Records (§ 1910.1001(m)(6))*

The employer shall comply with the requirements concerning transfer of records set forth in 29 CFR 1910.1020(h).

**Purpose**: Workers and their designated representatives may use these records to evaluate workers medical status throughout their employment, determine the effectiveness of the employer’s exposure reduction program, and for other reasons.

Paragraph (h) of § 1910.1020 requires employers who cease to do business to transfer medical and exposure-monitoring records to the successor employer, who then must receive and maintain the records. If no successor employer is available, the employer must, at least three months before ceasing business, notify current workers who have records of their right to access these records.

**Note**: OSHA considers the employer’s transfer of records to a successor employer to be usual and customary communication during the transition from one employer to a successor employer. In this regard, the employer would communicate the location of all records, including employee exposure monitoring and medical records, at the facility to the successor employer during the transfer of business operations as a matter of usual and customary business practice.

In addition, OSHA accounts for the burden hours and costs resulting from the employee notification requirements under the Information Collection Request (ICR) for its Access to Employee Exposure and Medical Records Standard (§ 1910.1020), OMB Control No. 1218-0065.

**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 automated, electronic, mechanical, or other technological information collection techniques, or other forms of information technology (e.g., electronic submission of responses), when establishing and maintaining the required records. The agency wrote the paperwork requirements of the standard in performance-oriented language (i.e., in terms of what data to collect, not how to record the data).

**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 A.2 above.**

The information collection requirements of this Standard 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. Currently, there is no indication that any alternate source is available (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.**

The requirement burdens are an equal obligation for all affected employers. 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 this standard are the minimum that OSHA believes is necessary to ensure that the employer and the agency can effectively monitor the exposure and health status of workers that are working with or exposed to asbestos in general industries, and, thereby, to fulfill the agency’s mandate "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" as specified by the OSH Act at 29 U.S.C. 651.

OSHA’s recordkeeping requirements are designed to ensure that employers comply with applicable standards and that protection of workers exposed to asbestos is provided to the full extent required. When conducting inspections, occupational safety and health compliance officers examine the records for this purpose. Additionally, the data contained in exposure-measurement records are useful to employers in pinpointing areas of their operations that may require additional efforts to reduce occupational exposure.

Records of previous medical examinations are used by physicians who must periodically examine workers exposed to asbestos. Without records of previous medical examinations, the physician may not be able to determine whether a worker has suffered an adverse health effect since their last examination. Further, when symptoms of organic damage appear, the physician often needs information about the patient’s previous medical condition to make an accurate diagnosis of the new problem, its apparent cause, and the course of treatment required.

**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.**

Under paragraph (d)(7) of the standard, employers must inform workers, individually and in writing or by posting in an appropriate location, of exposure monitoring results no later than fifteen (15) working days after obtaining the exposure monitoring results. This requirement ensures that everyone working around asbestos has been informed of its presence. Additionally, paragraph (l)(7)(iii) of the standard requires employers to provide workers with a copy of the physician’s written opinion regarding their medical examination within thirty (30) days of obtaining the results. If these results indicate that a worker’s exposures are above the PEL, the notification must state this fact and describe what corrective actions the employer is taking to reduce the worker’s exposure to or below the PEL.

Additionally, as stated in paragraph (d)(2), all employers who discover asbestos containing materials (ACM) and/or presumed asbestos containing materials (PACM) on a worksite must convey information concerning the presence, location, and quantity of the newly discovered ACM and/or PACM to the owner and other employers of employees working at the worksite within twenty-four (24) hours. This requirement is to ensure that everyone is aware that asbestos is present.

Finally, under OSHA’s Access to Employee Exposure and Medical Records Standard (§ 1910.1020), employers must maintain the exposure monitoring results for 30 years. OSHA accounts for the burden hours and costs related to the retention of these records under the information collection request for § 1910.1020, OMB Control No. 1218-0065, Exp. Date: 10/31/2023.

**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.**

**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)(2)(A)), OSHA published a notice in the *Federal Register* on April 3, 2023 (88 FR 19682) (Docket No. OSHA-2010-0018), soliciting comments from the public and other interested parties on the information collection requirements contained in the Asbestos in General Industry Standard (29 CFR 1910.1001). This notice was part of a preclearance consultation program that provides those interested parties with the opportunity to comment on OSHA’s extension request. The agency did not receive any comments in response to this notice.

However, this notice contained incorrect docket numbers and OSHA published a second notice in the *Federal Register* on April 24, 2023 (88 FR 24837) to correct these errors under Docket Number OSHA-2010-0018.

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

The agency will not provide any 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.**

As employee medical records contain information that may be considered private, OSHA has taken steps to ensure that the data are kept private to the extent allowed by law. Rules of agency practice and procedure governing OSHA access to worker medical records are contained in 29 CFR 1913.10 (“Rules of agency practice and procedure concerning OSHA access to employee medical records”). The legal authority for these procedural regulations is found in sections 8(c)(1) and 8(g)(2) of the Occupational Safety and Health Act, 29 U.S.C. 657; in section (e) of the Privacy Act, 5 U.S.C. 522(a)(e); in 29 CFR part 70(a); and in 5 U.S.C. 301.

**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.**

While there are no provisions in this standard requiring questions of a sensitive nature to be asked, questions perceived as such may be included in medical questionnaires. Information from medical questionnaires is necessary for the physician or licensed health care professional (PLHCP), or employer, to determine what protections an employer must take to ensure that the employee will have minimal occupational exposure to hazards.

**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.**

**Burden Hour and Cost Determinations**

**Wage Rates**

The agency determined the wage rate from mean hourly wage earnings to represent the cost of employee time. For the relevant standard occupational classification category, OSHA used the wage rates reported in the Bureau of Labor Statistics (BLS), U.S. Department of Labor, *Occupational Employment and Wage Statistics* (OEWS), May 2021, last accessed on November 8, 2022. (OEWS data is available at <https://www.bls.gov/oes/tables.htm>. To access a wage rate, select the year, “Occupational Profiles,” and the Standard Occupational Classification (SOC) Code).

To derive the loaded hourly wage rate presented in the table below, the agency used data from the OEWS, as described in the paragraph above. Then, the agency applied to the wage rate a fringe benefit markup from the following BLS release: *Employer Costs for Employee Compensation News Release* text; released 10:00 AM (EDT), September 20, 2022 (<https://www.bls.gov/news.release/archives/ecec_09202022.htm>), last accessed on November 8, 2022. BLS reported that for civilian workers, fringe benefits accounted for 31.0% of total compensation and wages accounted for the remaining 69.0%. To calculate the loaded hourly wage for each occupation, the agency divided the mean hourly wage rate by 1 minus the fringe benefits.

Table 2, below, is a summary of how the wage rate estimates were derived for the information collection requirements specified in the standard.

|  |
| --- |
| **Table 2 – Wage Hour Estimates** |
| **Occupational Title** | **Standard Occupational Code** | **Mean Hour Wage Rate** (a) | **Fringe Benefits** (b) | **Loaded Hourly Wage Rate** (c) = (a)/(1/(1-(b))) |
| First-Line Supervisors | 51-1011 | $32.37 | 0.31 | $46.91 |
| Manufacturing Employees | 51-0000 | $20.71 | 0.31 | $30.01 |
| Clerical Workers | 43-9199 | $20.47 | 0.31 | $29.67 |
| Industrial Hygiene Specialists *(contractor)* | 29-9021 | $29.53 | 0.31 | $42.80 |

**Number of Facilities**

Facilities are divided into two categories—primary and secondary manufacturers—based on the 1994 final regulatory impact and flexibility analyses. As noted in previous ICRs, asbestos consumption has declined considerably (from 26,800 tons in 1994 to 320 tons in 2021). Based on these data points, and information obtained through conversations with U.S. Geological Survey staff, the agency conservatively assumes that the number of affected facilities remains consistent with the 2020 ICR associated with this standard. [[3]](#footnote-5)

OSHA assumes the existence of 55 primary manufacturing facilities, which use raw asbestos to manufacture products including asbestos-cement (A/C) pipes and sheets, friction materials, resilient flooring, paper, coating and sealants, gaskets, and asbestos-reinforced plastics. OSHA additionally assumes the existence of 66 secondary manufacturing facilities, which receive products from primary manufacturers for further processing or fabrication to produce intermediary and finished products. Such processing is presumed to include sawing, pressing, slitting, and drilling of ACM. Inclusive of primary and secondary facilities, the total number of manufacturing facilities is 121.

**Number of Employees**

The agency estimates that there are 9.6 employees at a primary manufacturing workstation and 15.7 employees at a secondary manufacturing workstation.

To calculate employee samples the estimated number of employees exposed at or above the time-weighted average (TWA) was divided by the average number of employees at primary and secondary manufacturing workstations. The agency estimates that there are 1,391 employees in primary manufacturing and 3,446 employees in secondary manufacturing exposed at or above the TWA annually.

**Exposure Monitoring (§ 1910.1001(d))**

The agency assumes that initial exposure monitoring at both primary and secondary manufacturing facilities has been completed; therefore, no burden is included in this package.

Following initial monitoring, exposure must be completed twice annually for employees whose occupational exposures to asbestos may reasonably and foreseeably exceed TWA limits. Economic analyses used during the preparation of this package assume that employers will hire Industrial Hygiene specialists to conduct monitoring internally. Reflected burdens for these exposure monitoring analyses are calculated under Item 13 of this package.

Employee Notification of Monitoring Results (§ 1910.1001(d)(7))

Employers must notify affected employees of their exposure-monitoring results within 15 days of receipt and may do so individually or by posting monitoring results in an appropriate and accessible location. The agency assumes that posting results is the least burdensome and that employers will choose this form of notification.

OSHA estimates that a clerical worker takes 5 minutes (5/60 hour) to post results.

Periodic Monitoring for the TWA

*Primary Manufacturing*

Number of workstations: 1,391 employees / 9.6 employees per station = 145 workstations

**Burden hours**: 145 workstations x 1 sample x 2 times/year x 5/60 hour
 = 24 hours (rounded)

 **Costs**: 24 hours x $29.67 = $712.08

*Secondary Manufacturing*

Number of workstations: 3,446 employees / 15.7 employees per station = 219 workstations

**Burden hours**: 219 workstations x 1 sample x 2 times/year x 5/60 hour
 = 36 hours (rounded)

 **Costs**: 36 hours x $29.67 = $1,068.12

Periodic Monitoring for Excursion Limits (EL)

OSHA assumes that 50% of operating facilities exceed the excursion limit and subsequently perform semi-annual periodic monitoring.

*Primary Manufacturing*

The agency estimates that one-half of the 55 primary manufacturers (28 manufacturers) conduct four exposure-monitoring samples twice annually.

**Burden hours**: 28 manufacturers x 4 samples x 2 times/year x 5/60 hour

= 19hours (rounded)

 **Costs**: 19 hours x $29.67 = $563.73

*Secondary Manufacturing*

The agency estimates that one-half of the 66 secondary manufacturers (33 manufacturers) conduct four exposure-monitoring samples twice annually.

**Burden hours**: 33 manufacturers x 3 samples x 2 times/year x 5/60 hour

 = 16 hours (rounded)

 **Costs**: 16 hours x $29.67 = $474.72

Additional Monitoring

Employers must conduct additional monitoring whenever there is a change in production, process, control equipment, personnel, or work practices that may result in new or further occupational exposures to asbestos.

Additional Monitoring for the TWA

*Primary Manufacturing*

The agency estimates that there is a change in process in 1% of the 145 primary manufacturing workstations (1 workstation, rounded) where exposures exceed TWA exposure limits and therefore require additional testing, twice annually.

**Burden hours**: 1 workstations x 1 sample x 2 times/year x 5/60 hour = 1 hour (rounded)

  **Costs**: 1 hour x $29.67 = $29.67

*Secondary Manufacturing*

The agency estimates that there is a change in process in 1% of the 219 secondary manufacturing workstations (2 workstations, rounded) where exposures exceed TWA exposure limits and therefore require additional testing, twice annually.

**Burden hours**: 2 workstations x 1 sample x 2 times/year x 5/60 hour = 1 hour (rounded)

 **Costs**: 1 hour x $29.67 = $29.67

Additional Monitoring for the EL

*Primary Manufacturing*

The agency estimates that there is a change in process in 1% of the 28 primary manufacturing facilities (1 facility, rounded) where exposures exceed PEL exposure limits and therefore require additional testing, twice annually.

**Burden hours**: 1 facility x 4 samples x 2 times/year x 5/60 hour = 1 hour (rounded**)**

 **Costs**: 1 hour x $29.67 = $29.67

*Secondary Manufacturing*

The agency estimates that there is a change in process in 1% of the 33 primary manufacturing facilities (1 facility, rounded) where exposures exceed PEL exposure limits and therefore require additional testing, twice annually.

**Burden hours**: 1 facility x 3 samples x 2 times/year x 5/60 hour = 1 hour (rounded)

 **Costs**: 1 hour x $29.67 = $29.67

**B. Compliance Program (§ 1910.1001(f)(2)(i-iii))**

The development of an initial compliance program is a one-time burden requirement. As the agency operates under the assumption that no new facilities have opened and that the burden for compliance program development of all existing facilities was already taken under a previous ICR for this standard, no burden is being taken for program development in this ICR.

However, employers are required to review and update their plans to reflect significant changes in their programs. OSHA estimates that 30 minutes of supervisory time (30/60 hour) is required to update the compliance program.

*Primary Manufacturers*

OSHA assumes that 50% of primary manufacturers (28 facilities) update their compliance programs annually.

**Burden hours**: 28 facilities x 1 annual update x 30/60 hour = 14 hours

 **Costs**: 14 hours x $46.91 = $656.74

*Secondary Manufacturers*

OSHA assumes that 50% of secondary manufacturers (33 facilities) update their compliance programs annually.

**Burden hours**: 33 facilities x 1 annual update x 30/60 hour = 17 hours (rounded)

**Costs**: 17 hours x $46.91 = $797.47

Specific Compliance Methods (§ 1910.1001(f)(3)(i) and (ii))

The standard outlines specific compliance instructions for brake and clutch repair operations. The agency has determined that these instructions are the least burdensome and assumes that employers will take the least burdensome method of compliance. As such, no burden is allocated for this provision.

**C. Respirator Program** **(§ 1910.1001(g)(2)(i), previously (g)(3)(i))**

The standard requires the employer to institute a respiratory protection program in accordance with 29 CFR 1910.134. The burden for this requirement is already taken in the Respiratory Protection Standard ICR for § 1910.134 (OMB Control Number 1218-0099).

Therefore, no burden for this requirement is taken in this ICR.

**D. Protective Work Clothing and Equipment (§ 1910.1001(h)(3)(iv) and (v))**

The most recent Regulatory Impact Analysis (RIA) used for the analyses contained in this supporting statement assumes all affected employers provide employees with disposable clothing, which does not require laundering.

Therefore, no burden has been taken for this provision.

## E. Communication of Hazards to Employees (§ 1910.1001(j))

Duties of Employers and Building and Facility Owners (§ 1910.1001(j)(2)(i), (ii), (iii))

Building and facility owners must determine the presence, location, and quantity of ACM and/or PACM at the work site. Building and facility owners must maintain asbestos information for the duration of ownership and must be transferred to successive owners. OSHA assumes that building evaluations have been completed.

Building and facility owners and employers of potentially exposed employees must convey specific information to employees regarding the location of ACM and PACM in their work environment.

OSHA estimates 25% of primary and secondary facility owners (14 and 17 facilities, respectively) notify employees of ACM and/or PACM presence on the worksite four times per year. Each notification takes 3 minutes (3/60 hour) of supervisory time.

*Primary Manufacturing*

**Burden hours**: 14 facilities x 4 times/year x 3/60 hour = 3 hours (rounded)

 **Costs**: 3 hours x $46.91 = $140.73

*Secondary Manufacturing*

**Burden hours**: 17 facilities x 4 times/year x 3/60 hour = 3 hours (rounded)

 **Costs**: 3 hours x $46.91 = $140.73

Each facility has one contractor, and each contractor has 2 housekeeping employees. OSHA estimates 25% of the contractors (14 contractors for primary facilities and 17 contractors for secondary facilities) are required to notify their employees working in the presence of ACM and/or PACM four times a year. It is assumed that contractors will take the least burdensome route to meet this notification requirement and post these notifications in a convenient and central location that is easily accessible to both of their housekeeping employees.

Each notification takes 5 minutes (5/60 hour) of contractor time.

*Primary Manufacturing*

**Burden hours**: 14 contractors x 4 postings/year x 5/60 hour = 5 hours (rounded)

 **Costs**: 5 hours x $42.80 = $214.00

*Secondary Manufacturing*

**Burden hours**: 17 contractors x 4 postings/year x 5/60 hour = 6 hours (rounded)

 **Costs**: 6 hours x $42.80 = $256.80

Warning Signs and Labels (§ 1910.1001(j)(3)(i) and (j)(4)(i) and (ii))

The standard provides specific language for the required signs and labels. Therefore, no burden hours or costs for these requirements are taken.[[4]](#footnote-6)

**F. Medical Surveillance (§ 1910.1001(l))**

Pre-placement Examinations (§ 1910.1001(l)(2))

Before an employee is assigned to an occupation that involves actual or potential exposure to airborne concentrations of asbestos fibers at or above the TWA and/or EL, employees must submit to a physical examination.

For purposes of calculating burden hours and costs for new hires, OSHA estimates that there is a 20% employee turnover rate in the industry which would indicate that 967 of the 4,837 total employees (1,391 primary manufacturing employees and 3,446 secondary manufacturing employees) are eligible for the pre-placement medical surveillance program annually. Each examination takes 90 minutes (90/60 hours) of the employees’ time (including 30 minutes of travel). The burden is as follows:

**Burden hours**: 967 employees x 1 examination x 90/60 hours = 1,451 hours (rounded)

 **Costs**: 1,451 hours x $30.01 = $43,544.51

Periodic Examinations (§ 1910.1001(l)(3))

The agency assumes that each of the 4,837 exposed employees receives a periodic examination each year, except for those 967 employees who received a pre-placement examination for that year (3,870 remaining employees). Each medical examination takes 90 minutes (90/60 hours) of the employees’ time (including 30 minutes of travel). The burden is as follows:

 **Burden hours**: 3,870 examinations x 1 examination per year x 90/60 hours
 = 5,805 hours

 **Costs**: 5,805 hours x $30.01 = $174,208.05

OSHA further assumes that, where required, an exposed employee’s annual periodic examination (or pre-placement examination for those employees serving less than one year) also serves as a termination of employment examination. Therefore, no additional examinations are required under this standard and no additional burdens will be taken.

Medical Questionnaire (§ 1910.1001(l)(2)(ii) and Appendix D))

In addition to the pre-placement examination, the standard requires that all incoming employees (967 employees annually) complete a medical questionnaire (which can be found in Appendix D, Part 1). The agency estimates that completion of the questionnaire takes 30 minutes (30/60 hour).

**Burden hours**: 967 questionnaires x 30/60 hour = 484 hours (rounded)

 **Costs**: 484 hours x $30.01 = $14,524.84

A follow-up medical questionnaire (which can be found in Appendix D, Part 2) must be administered to each employee receiving a periodic examination (3,870 employees). This annual questionnaire is shorter than the pre-placement questionnaire, and as such, the agency estimates that it will take an employee 10 minutes (10/60 hour) to complete.

**Burden hours**: 3,870 questionnaires x 10/60 hour = 646 hours (rounded)

 **Costs**: 646 hours x $30.01 = $19,386.46

Information Provided to the Physician (§ 1910.1001(l)(6))

The agency estimates that it takes a clerk 5 minutes (5/60 hour) per employee to furnish required medical information to a physician. The relayed medical information includes the periodic examinations taken by both continuing and exiting employees and the pre-placement examinations taken by new employees (4,837 periodic examinations + 967 pre-placement examinations = 5,804 total examinations).

**Burden hours**: 5,804 examinations x 1 time per year x 5/60 hour = 482 hours (rounded)

 **Costs**: 482 hours x $29.67 = $14,300.94

Physician’s Written Opinion (§ 1910.1001(1)(7))

The agency estimates it takes a clerical worker 5 minutes (5/60 hour) to make and distribute a copy of the physician’s written opinion to each examined employee. As above, this estimation includes all periodic and pre-placement examinations conducted (5,804 examinations).

**Burden hours**: 5,804 examinations x 1 time per year x 5/60 hour = 482 hours (rounded)

 **Costs**: 482 hours x $29.67 = $14,300.94

**G. Recordkeeping (§ 1910.1001(m))**

OHSA assumes that maintaining regulatory required records takes a clerical worker 5 minutes (5/60 hour) per record. The burden requirements for this provision are as follows:

**Exposure Monitoring Records (§ 1910.1001(m)(1)(I))**

Periodic Monitoring for the TWA

The agency estimates it takes a clerical worker 5 minutes (5/60 hour) to manage the TWA-associated periodic monitoring records collected. The independent burdens for primary and secondary manufacturing workstations are as follows:

*Primary Manufacturing*

**Burden hours**: 145 workstations x 1 sample x 2 times/year x 5/60 hour

 = 24 hours (rounded)

 **Costs**: 24 hours x $29.67 = $712.08

*Secondary Manufacturing*

**Burden hours**: 219 workstations x 1 sample x 2 times/year x 5/60 hour

 = 36 hours (rounded)

 **Costs**: 36 hours x $29.67 = $1,068.12

Periodic Monitoring for the EL

The agency estimates that it takes a clerical worker 5 minutes (5/60 hour) to manage the EL-associated periodic exposure monitoring records collected. The independent burdens for the compulsory primary and secondary manufacturing workstations (28 primary and 33 secondary workstations, as calculated above) are as follows:

*Primary Manufacturing*

**Burden hours**: 28 manufacturing facilities x 4 samples/facility x 2 times/year
 x 5/60 hour = 19 hours (rounded)

 **Costs**: 19 hours x $29.67 = $563.73

*Secondary Manufacturing*

**Burden hours**:33 manufacturing facilities x 3 samples/facility x 2 times/year
 x 5/60 hour = 16 hours (rounded)

 **Costs**: 16 hours x $29.67 = $474.72

Additional Monitoring (PEL/TWA)

The agency estimates it takes a clerical worker 5 minutes (5/60 hour) to manage all additional PEL/TWA monitoring records collected. The independent burdens for the compulsory primary and secondary manufacturing workstations (1 primary and 2 secondary workstations, as calculated above) are as follows:

*Primary Manufacturing*

**Burden hours**:1 workstation x 1 sample x 2 times/year x 5/60 hour = 1 hour (rounded)

 **Costs**:1 hour x $29.67 = $29.67

*Secondary Manufacturing*

**Burden hours:** 2 workstations x 1 sample x 2 times/year x 5/60 hour

= 1 hour (rounded)

 **Costs**:1 hour x $29.67 = $29.67

Additional Monitoring (PEL/EL)

The agency estimates it takes a clerical worker 5 minutes (5/60 hour) to manage all additional PEL/EL monitoring records collected. The independent burdens for the compulsory primary and secondary manufacturing workstations (1 primary and 1 secondary workstation, as calculated above) are as follows:

*Primary Manufacturing*

**Burden hours**:1 workstation x 4 samples/facility x 2 times/year x 5/60 hour

 = 1 hour (rounded)

 **Costs**: 1 hour x $29.67 = $29.67

*Secondary Manufacturing*

**Burden hours**: 1 workstation x 3 samples/facility x 2 times/year x 5/60 hour

= 1 hour (rounded)

 **Costs**:1 hour x $29.67 = $29.67

**Medical Records (§ 1910.1001(m)(3))**

The agency estimates it takes a clerical worker 5 minutes (5/60 hour) to manage all employee medical records for each workstation (5,804 records, inclusive of the average industry turnover as calculated above). The burden is as follows:

**Burden hours**: 5,804 employees x 1 time/year x 5/60 hour = 482 hours (rounded)

 **Costs**:482 hours x $29.67 = $14,300.94

**Training Records (§ 1910.1001(m)(4))**

The agency estimates that it takes a clerical worker 5 minutes (5/60 hour) to maintain records for the one-time pre-placement training sessions delivered to each onboarding employee in primary manufacturing facilities (1,391 employees x 20% turnover rate = 278 onboarding employees). Each session can host 20 employees, and the agency assumes that each employer will attempt to fill each session spot to reduce the number of sessions required, which would be least burdensome (278 onboarding employees / 20 employees per session = 14 sessions).

**Burden hours**: 14 sessions x 1 time/year x 5/60 hour = 1 hour (rounded)

 **Costs**: 1 hour x $29.67 = $29.67

The agency estimates that it takes a clerical worker 5 minutes (5/60 hour) to maintain records for the one-time pre-placement training sessions delivered to each onboarding employee in secondary manufacturing facilities (3,446 employees x 20% turnover rate = 689 employees). Each session can host 20 employees, and the agency assumes that each employer will attempt to fill each session spot to reduce the number of sessions required, which would be least burdensome (689 onboarding employees / 20 employees per session = 34 sessions).

**Burden hours**: 34 sessions x 1 time/year x 5/60 hour = 3 hours (rounded)

 **Costs**:3 hours x $29.67 = $89.01

The agency estimates that it takes a clerical worker 5 minutes (5/60 hour) to maintain records for the one-time onboarding training sessions delivered to each housekeeping employee in primary manufacturing facilities (100 housekeeping employees x 10% turnover rate = 10 onboarding employees). Each session can host 20 employees, and the agency assumes that each employer will attempt to fill each session spot to reduce the number of sessions required, which would be least burdensome (10 onboarding employees / 20 employees per session = 1 session).

**Burden hours**: 1 session x 5/60 hour = 1 hour (rounded)

 **Costs**:1 hour x $29.67 = $29.67

The agency estimates that it takes a clerical worker 5 minutes (5/60 hour) to maintain records for the one-time onboarding training sessions delivered to each housekeeping employee in secondary manufacturing facilities (133 housekeeping employees x 10% turnover rate = 13 onboarding employees). Each session can host 20 employees, and the agency assumes that each employer will attempt to fill each session spot to reduce the number of sessions required, which would be least burdensome (13 onboarding employees / 20 employees per session = 1 session).

**Burden hours**: 1 session x 5/60 hour = 1 hour (rounded)

 **Costs**:1 hour x $29.67 = $29.67

### **Employee Access (§ 1910.1001(m)(5)(ii)-(iii))**

The agency estimates that 10% of employees (484 employees) will request to see their records annually, and it will take a clerical worker 5 minutes (5/60 hour) to assist. The burden is as follows:

**Burden hours**: 484 employees x 5/60 hour = 40 hours (rounded)

 **Costs**: 40 hours x $29.67 = $1,186.80

### **Federal Government Access (§ 1910.1001(m)(5))**

The agency has no annualized cost associated with enforcing this standard. OSHA would only review records in the context of an investigation to determine a particular employer’s compliance. These activities are outside the scope of the Paperwork Reduction Act (PRA) (*See* 5 CFR 1320.4(a)(2) for additional information.).

Table 3, below, is a summary of how the annualized respondent hour and cost burden estimates were derived for the information collection requirements specified in the Standard.

| **Table 3 – Estimated Annualized Respondent Hour and Cost Burden**  |
| --- |
| **Information Collection Requirements** | **Type of Respondent** (Employers) | **No. of Respondents** | **No. of Responses per Respondent** | **Frequency** (Per Year) | **Total No. of Responses** |  **Burden per Response** (Hours) | **Total Burden Hours** | **Loaded Hourly Wage Rate** | **Total Burden Costs** |
| **A. Exposure Monitoring (§ 1910.1001(d))** |
| EL Periodic Monitoring | Primary Manufacturing | Clerk | 145 | 1 | 2 | 290 | 5/60 | 24 | $29.67 | $712.08 |
| Secondary Manufacturing | Clerk  | 219 | 1 | 2 | 438 | 5/60 | 36 | $29.67 | $1,068.12 |
| TWA Periodic Monitoring  | Primary Manufacturing | Clerk | 28 | 4 | 2 | 224 | 5/60 | 19 | $29.67 | $563.73 |
| Secondary Manufacturing | Clerk | 33 | 3 | 2 | 198 | 5/60 | 16 | $29.67 | $474.72 |
| TWA Additional Monitoring | Primary Manufacturing | Clerk | 1 | 1 | 2 | 2 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing | Clerk | 2 | 1 | 2 | 4 | 5/60 | 1 | $29.67 | $29.67 |
| EL Additional Monitoring  | Primary Manufacturing | Clerk | 1 | 4 | 2 | 8 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing | Clerk | 1 | 3 | 2 | 6 | 5/60 | 1 | $29.67 | $29.67 |
| **Section Subtotal** |  **---** | **430** |  **---** |  **---** | **1,170** |  **---** | **99** |  **---** | **$2,937.33** |
| **B. Compliance Program (§ 1910.1001(f)(2)(i), (ii), and (iii))** |
|  | Primary Manufacturers | Supervisor | 28 | 1 | 1 | 28 | 30/60 | 14 | $46.91 | $656.74 |
|  | Secondary Manufacturers | Supervisor | 33 | 1 | 1 | 33 | 30/60 | 17 | $46.91 | $797.47 |
| **Section Subtotal** |  **---** | **61** |  **---** |  **---** | **61** |  **---** | **31** |  **---** | **$1,454.21** |
| **C. Respirator Program (§ 1910.1001(g)(2)(i), previously (g)(3)(i))** |
| **D. Protective Work Clothing and Equipment (§ 1910.1001(h)(3)(iv) and (v))** |
| **E. Communication of Hazards to Employees (§ 1910.1001(j))** |
| Duties of Employers and Building / Facility Owners | Primary Manufacturing | Supervisor | 14 | 1 | 4 | 56 | 3/60 | 3 | $46.91 | $140.73 |
| Secondary Manufacturing | Supervisor | 17 | 1 | 4 | 68 | 3/60 | 3 | $46.91 | $140.73 |
| Employee Notification | Primary Manufacturing | Contractor | 14 | 1 | 4 | 56 | 5/60 | 5 | $42.80 | $214.00 |
| Secondary Manufacturing | Contractor | 17 | 1 | 4 | 68 | 5/60 | 6 | $42.80 | $256.80 |
| **Section Subtotal** |  **---** | **62** |  **---** |  **---** | **248** |  **---** | **17** |  **---** | **$752.26** |
| **F. Medical Surveillance (§ 1910.1001(1))**  |
| Pre-Placement Examination  | Primary & Secondary Manufacturing | Manufacturing Employee | 967 | 1 | 1 | 967 | 90/60 | 1,451 | $30.01 | $43,544.51 |
| Periodic Examination | Primary & Secondary Manufacturing | Manufacturing Employee | 3,870 | 1 | 1 | 3,870 | 90/60 | 5,805 | $30.01 | $174,208.05 |
| Medical Questionnaire | Primary & Secondary Manufacturing | Manufacturing Employee | 967 | 1 | 1 | 967 | 30/60 | 484 | $30.01 | $14,524.84 |
| Follow-Up Medical Questionnaire | Primary & Secondary Manufacturing | Manufacturing Employee | 3,870 | 1 | 1 | 3,870 | 10/60 | 646 | $30.01 | $19,386.46 |
| Information Provided to the Physician  | Primary & Secondary Manufacturing | Clerk | 5,804 | 1 | 1 | 5,804 | 5/60 | 482 | $29.67 | $14,300.94 |
| Physicians Written Opinion  | Primary & Secondary Manufacturing | Clerk  | 5,804 | 1 | 1 | 5,804 | 5/60 | 482 | $29.67 | $14,300.94 |
| **Section Subtotal** |  **---** | **21,282** |  **---** |  **---** | **21,282** |  **---** | **9,350** |  **---** | **$280,265.74** |
| **G. Recordkeeping (§ 1910.1001(m))** |
| Exposure Monitoring Records (§ 1910.1002(m)(1)(I)) |
| TWA Periodic Monitoring | Primary Manufacturing | Clerk  | 145 | 1 | 2 | 290 | 5/60 | 24 | $29.67 | $712.08 |
| Secondary Manufacturing | Clerk  | 219 | 1 | 2 | 438 | 5/60 | 36 | $29.67 | $1,068.12 |
| EL Periodic Monitoring | Primary Manufacturing | Clerk  | 28 | 4 | 2 | 224 | 5/60 | 19 | $29.67 | $563.73 |
| Secondary Manufacturing | Clerk  | 33 | 3 | 2 | 198 | 5/60 | 16 | $29.67 | $474.72 |
| PEL/TWA Additional Monitoring | Primary Manufacturing | Clerk  | 1 | 1 | 2 | 2 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing | Clerk  | 2 | 1 | 2 | 4 | 5/60 | 1 | $29.67 | $29.67 |
| PEL/EL Additional Monitoring | Primary Manufacturing | Clerk  | 1 | 4 | 2 | 8 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing | Clerk  | 1 | 3 | 2 | 6 | 5/60 | 1 | $29.67 | $29.67 |
| **Section Subtotal** |  **---** | **430** |  **---** |  **---** | **1,170** |  **---** | **99** |  **---** | **$2,937.33** |
| **Medical Records (1910.1002(m)(3))** |
|   | Primary & Secondary Manufacturing | Clerk | 5,804 | 1 | 1 | 5,804 | 5/60 | 482 | $29.67 | $14,300.94 |
| **Section Subtotal** |  **---** | **5,804** |  **---** |  **---** | **5,804** |  **---** | **482** |  **---** | **$14,300.94** |
| Training Records | Primary Manufacturing | Clerk | 14 | 1 | 1 | 14 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing | Clerk | 34 | 1 | 1 | 34 | 5/60 | 3 | $29.67 | $89.01 |
| Primary Manufacturing (Housekeeping Employees) | Clerk | 1 | 1 | 1 | 1 | 5/60 | 1 | $29.67 | $29.67 |
| Secondary Manufacturing (Housekeeping Employees) | Clerk | 1 | 1 | 1 | 1 | 5/60 | 1 | $29.67 | $29.67 |
| **Section Subtotal** |  **---** | **50** |  **---** |  **---** | **50** |  **---** | **6** |  **---** | **$178.02** |
| **Employee Access (1910.1002(m)(5)(ii-iii)** |
|   | Primary & Secondary Manufacturing | Clerk | 484 | 1 | 1 | 484 | 5/60 | 40 | $29.67 | $1,186.80 |
| **Section Subtotal** |  **---** | **484** |  **---** |  **---** | **484** |  **---** | **40** |  **---** | **$1,186.80** |
|  |
| **GRAND TOTAL**  |  **---** | **28,603** |  **---** |  **---** | **30,269** |  **---** | **10,124** |  **---** | **$304,013 (rounded)** |

**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.**

The agency assumes that employers will contract all industrial hygiene-related tasks to an in-house contractor for $42.80 per hour.[[5]](#footnote-7) Thus, the costs are as follows:

Periodic Monitoring for EL

For the PEL/ EL periodic monitoring, it is assumed that 50% of all active primary and secondary manufacturing facilities (28 and 33 facilities, respectively) will continue to exceed the PEL/EL limit and subsequently perform the statutorily required semi-annual monitoring. The agency assumes that primary manufacturing facilities will collect four samples during each monitoring session and secondary facilities will collect three. The costs are as follows:

*Primary manufacturing*

**Costs**: 28 facilities x 4 samples x 2 times/year x $42.80 = $9,587.20

*Secondary manufacturing*

**Costs**: 33 facilities x 3 samples x 2 times/year x $42.80 = $8,474.40

Periodic Monitoring for TWA

Employers sample one employee at each workstation twice annually to represent all employees that were actually, or potentially, exposed to ACM and/or PACM at that workstation. Primary workstations have approximately 9.6 employees per station, and secondary manufacturing workstations have approximately 15.7 employees per station. To derive the requirement’s associated burden, the estimated number of exposed employees was divided by the average size of primary and secondary workstations (primary workstations: 1,391 exposed employees / 9.6 employees per station = 145 affected workstations; secondary: 3,446 exposed employees / 15.7 employees per station = 219 affected workstations). Annual costs are as follows:

*Primary manufacturing*

 **Costs**: 145 workstations x 1 sample x 2 times/year x $42.80 = $12,412.00

*Secondary manufacturing*

 **Costs**: 219 workstations x 1 sample x 2 times/year x $42.80 = $18,746.40

Additional monitoring EL

The agency assumes that 1% of the 28 primary facilities and 33 secondary facilities where exposure limits exceed the PEL/EL (rounded, 1 facility of each classification) will undergo a process change. Associated burdens are as follows:

*Primary manufacturing*

**Costs**: 1 facility x 4 samples x 2 times/year x $42.80 = $342.40

*Secondary manufacturing*

**Costs**: 1 facility x 3 samples x 2 times/year x $42.80 = $256.80

Additional monitoring TWA

The agency assumes that a process change will occur in 1% of the 145 primary and 219 secondary facilities where exposures exceed the PEL/TWA (rounded, 1 facility of each classification). Associated burdens are as follows:

*Primary manufacturing*

**Costs**: 1 workstation x 1 sample x 2 times/year x $42.80 = $85.60

*Secondary manufacturing*

**Costs**: 2 workstations x 1 sample x 2 times/year x $42.80 = $171.20

Table 4, below, is a summary of how the exposure monitoring cost estimates were derived for the information collection requirements specified in the Standard.

|  |
| --- |
| **Table 4 - Summary of Estimated Costs for Exposure Monitoring** |
| **Information Collection Requirements** | **Type of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent** | **Frequency** (Per Year) | **Total No. of Responses** | **Loaded Hourly Wage Rate** | **Total Burden Costs** |
| Periodic Monitoring for EL | Primary Manufacturers | Industrial Hygienist (Contractor) | 28 | 4 | 2 | 224 | $42.80 | $9,587.20 |
| Secondary Manufacturers | Industrial Hygienist (Contractor) | 33 | 3 | 2 | 198 | $42.80 | $8,474.40 |
| Periodic Monitoring for TWA | Primary Manufacturers | Industrial Hygienist (Contractor) | 145 | 1 | 2 | 290 | $42.80 | $12,412.0 |
| Secondary Manufacturers | Industrial Hygienist (Contractor) | 219 | 1 | 2 | 438 | $42.80 | $18,746.4 |
| Additional Monitoring for EL | Primary Manufacturers | Industrial Hygienist (Contractor) | 1 | 4 | 2 | 8 | $42.80 | $342.40 |
| Secondary Manufacturers | Industrial Hygienist (Contractor) | 1 | 3 | 2 | 6 | $42.80 | $256.80 |
| Additional Monitoring for TWA | Primary Manufacturers | Industrial Hygienist (Contractor) | 1 | 1 | 2 | 2 | $42.80 | $85.60 |
| Secondary Manufacturers | Industrial Hygienist (Contractor) | 2 | 1 | 2 | 4 | $42.80 | $171.20 |
|   |   |   |   |   |   |   |   |   |
| **Grand Total** |  | **---**  | **---** | **---** | **1,170** | **---** | **$50,076** |

**Medical Examinations**

As stated in Item 12 of this supporting statement, the agency assumes an average 20% industry turnover rate. All onboarding employees must submit to a pre-placement examination. All employees must submit to an annual periodic examination except where they have already submitted to a pre-placement examination. The costs are as follows:

**Costs**: (4,837 employees x 20% turnover rate) x 1 pre-placement examination/year

 x $171.00[[6]](#footnote-8) = $165,357.00

**Costs**: 3,870 examinations x 1 periodic examination/year x $171.00 = $661,770.00

Table 5, below, is a summary of how the medical examination cost estimates were derived.

|  |
| --- |
| **Table 5 – Estimated Costs for Medical Examinations** |
| **Examination Type** | **Number of Examinations** | **Frequency**  | **Cost** | **Total** |
| Pre-placement Examinations | 967 | 1 | $171.00 | $165,357.00 |
| Periodic Examinations | 3,870 | 1 | $171.00 | $661,770.00 |
| **Grand Total** | **4,837** |  **---** |  **---** | **$827,127** |

The total cost for respondents to conduct exposure monitoring and provide medical examinations is **$877,203** (rounded, $50,076 estimated exposure monitoring costs + $827,127 estimated medical costs).

**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 would not be subject to the PRA under 5 CFR 1320.4(a)(2).

Furthermore, while NIOSH may use information collected from employers for research purposes, the agency does not anticipate that NIOSH will request employers to make available information during the approval period. Therefore, the cost burden to the government is zero.

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

The agency requests a burden hour adjustment decrease of 1,621 hours (from 11,745 hours to 10,124 hours). The decrease in burden is due to a decrease in the number of exams.

There was a decrease in the operation and maintenance costs of $141,313 (from $1,042,560 to $877,203). The decrease in cost is due to a decrease in the number of exams and the cost of medical examinations remaining at $171.00 per exam.

|  |
| --- |
| **Table 6 –Summary of Current and Requested Burden Hours** |
| **Information Collection Requirement** | **Current Burden Hours** | **Requested Burden Hours** | **Change** |
| **A. Exposure monitoring** |
| Notification of monitoring results | 101 | 99 | -2 |
| **B. Compliance program** |
| Written compliance program | 31 | 31 | 0 |
| **C. Respirator protection** |  |  |  |
| **D. Protective work clothing and equipment** |  |  |  |
| **E. Communication of Hazards to employees** |  |  |  |
| Duties of Employers and Building Owners | 17 | 17 | 0 |
| **F. Medical surveillance** |
| All medical examination | 8,707 | 7,256 | -1,451 |
|  All medical questionnaires | 1,290 | 1,130 | -160 |
| Information provided to the physician | 484 | 482 | -2 |
| Physician’s written opinion | 484 | 482 | -2 |
| **G. Recordkeeping** |
| Exposure monitoring records | 101 | 99 | -2 |
| Medical records | 484 | 482 | -2 |
| Training records | 6 | 6 | 0 |
| Employee access | 40 | 40 | 1 |
|  **Total** | **11,745** | **10,124** | **-1,621** |

**16.**  **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.**

The information collected under this standard will not be published for statistical use.

**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 1926.6, and publishes the expiration date in the Federal Register announcing OMB approval for the information collection requirement (*See* 5 CFR 1320.3(f)(3)). OSHA believes 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 requesting an exception to the certification statement.

 **B. COLLECTIONS OF INFORMATON EMPLOYING STATISTICAL METHODS**

This supporting statement does not contain any collection of information requirements that employ statistical methods.

1. The purpose of this supporting statement is to analyze and describe the burden hours and costs associated with provisions of the Asbestos in General Industry Standard that contain collections of information. This supporting statement does not provide information or guidance on how to comply with, or how to enforce, the standard. [↑](#footnote-ref-3)
2. “Director” refers to the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or their designee. [↑](#footnote-ref-4)
3. Historical ICRs for this Information Collection can be accessed at: <https://www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=1218-0133>. *See also, generally,* U.S. Geological Survey, Mineral Commodity Summaries, Asbestos, <https://www.usgs.gov/centers/nmic/asbestos-statistics-and-information>. [↑](#footnote-ref-5)
4. *See* “Controlling Paperwork Burden on the Public,” (5 CFR 1320.3(c)(2)). [↑](#footnote-ref-6)
5. To calculate the cost for contract industrial hygiene services, the agency used the most recent OEWS mean hourly wage rate for SOC code 29-9021, Occupational Health and Safety Specialist, $29.53. (*See* <http://www.bls.gov/oes/current/oes299021.htm>.) The mean hourly wage rate was divided by 1 minus the fringe benefits (31.0 %) to calculate the loaded hourly wage rate. The total hourly employee compensation is $42.80 for SOC 29-9021. [↑](#footnote-ref-7)
6. A previous ICR estimated the cost of a medical examination to be $165. The Consumer Price Index (CPI) indicated a 4.10% increase in the price of professional medical care services from December 2018 to 2022. Source: BLS, *CPI Detailed Report* (March 2016); *Table 29, Historical Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W): U.S city average, by commodity and service group and detailed expenditure categories* (<https://www.bls.gov/bls/news-release/cpi.htm>). Given the 4.10% increase in the price of professional medical services, the cost of contract industrial hygiene services is assumed to have increased by 4.10% as well. Although exposure monitoring is not a medical service, the agency believes the medical services category is the most comparable CPI measure for estimating the change in these collections of information costs. [↑](#footnote-ref-8)