

SUPPORTING STATEMENT PART A

TITLE OF INFORMATION COLLECTION:

JSC Form 1830 – Report of Medical Examination

TYPE OF INFORMATION COLLECTION:

Renewal

1. Explain the circumstances that make the collection of information necessary.

Since the mid-1960s, neutral buoyancy has been an invaluable tool for testing procedures, developing hardware, and training astronauts. Neutrally buoyant conditions sufficiently simulate reduced gravity conditions, comparable to the environmental challenges of space. The Neutral Buoyancy Laboratory (NBL) at NASA Johnson Space Center (JSC) provides opportunities for astronauts to practice future on-orbit procedures, such as extravehicular activities (EVA), and to work through simulation exercises to solve problems encountered on-orbit. NASA hires individuals with demonstrated diving experience as NBL Working Divers in teams comprised of four divers; two safety divers, one utility diver, and one cameraman to assist astronauts practice various tasks encountered in space.

Per CX12-UWI0001, Neutral Buoyancy Laboratory Guest Diving Application Procedure, NASA allows non-NASA guest divers, typically non-federal photographers representing the media, opportunities to engage in the NBL diving experience. To participate, guest divers must present a dive physical, completed within one year of the targeted diving opportunity, for review by the NASA NBL Dive Physician.

If the non-NASA guest diver does not have a current U.S. Navy, Association of Diving Contractors (ADC), or current Medical Examination of Divers (MA1) British standard for commercial diving physical, they are required to complete a medical examination, performed by a certified Diving Medical Examiner. The results of the physical will be documented on the JSC Form 1830/ Report of Medical Examination and presented to the NBL Dive Physician for review prior to participating in diving activities conducted at the JSC NBL. The associated cost for guest divers to complete the medical examination will vary, typically based on the guest diver's insurance.

2. Indicate how, by whom, and for what purpose the information is to be used.

A completed dive physical (U.S. Navy, ADC, MA1, or JSC Form 1830/Report of Medical Examination, with test results attached as applicable), must be submitted by the non-NASA guest diver to enable NASA to validate an individual's physical ability to dive in the NBL at NASA Johnson Space Center (JSC). The completed dive physical/JSC Form 1830 will be protected in accordance with the Privacy Act of 1974. Records will be retained in accordance with NASA Records Retention Schedules.

- 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.**

NASA JSC HTSG provides the non-NASA guest diver with an email using the JSC Clinic Online Portal to collect any medical information necessary. This JSC-KRYPTIQ email link assures confidentiality. The Dive Physical with test results are attached via a JSC-KRYPTIQ email by calling the NBL Human Test Support Group (HTSG) at (281) 792-5722/5723/5729. This collection reduces paperwork as required by the Paperwork Reduction Act of 1995. The collection of this data will not be published and not intended to be disseminated to public. <https://kryptiq.jsc.nasa.gov/portal/default.aspx>

- 4. Describe efforts to identify duplication.**

There is no duplication as there are no other sources available to collect this information.

- 5. If the collection of information impacts small businesses or other small entities (Item 5 of the OMB Form 83-I), describe the methods used to minimize burden.**

Collection of this information does not have a significant impact on small businesses.

- 6. Describe the consequence 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.**

Non-NASA Guest Diving will not occur if we are unable to verify a person's Diving Physical.

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

NASA does not anticipate circumstances arising that would cause information to be collected in a manner that requires explanation of special circumstances.

- 8. Provide the date and page number of publication in the Federal Register for the 60-day and 30-day FNRS, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB.**

60-day FRN: Federal Register Volume 88, Page Number 19168, on 03/30/2023.
No comments were received.

30-day FRN: Federal Register Volume 88, Page Number 38546, on 06/13/2023.

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

No gifts or payments are provided to respondents.

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

NASA JSC HTSG provides the non-NASA guest diver with an email using the JSC Clinic Online Portal to collect any medical information necessary. This JSC-KRYPTIQ email link assures confidentiality. <https://kryptiq.jsc.nasa.gov/portal/default.aspx>

The Office of Chief Health and Medical Officer felt that NASA 10HIMS was sufficient coverage for the NBL use form. Thus, the currently published SORN Federal Register location is 15-101, 80 FR 214, pp. 68568-68572. See that for yourself in the publication at <https://www.gpo.gov/fdsys/pkg/FR-2015-11-05/pdf/2015-28254.pdf>.

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.

Questions of a sensitive nature are not found in this information collection.

12. Provide estimates of the hour burden of the collection of information.

RESPONDENT CATEGORY	NUMBER OF RESPONDENTS	ESTIMATED COMPLETION TIME	ANNUAL BURDEN
Participants	30	90 mins	45 hours / 2700 mins

13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information.

Respondent wage \$30/hr

Labor burden per response 90 min=1.5 hours, so \$30 x 1.5 = \$45/hour

Total labor burden \$45 x 10 = \$2,025

14. Cost to the Federal Government: Provide estimates of annualized costs to the Federal government.

The estimated annual cost to NASA for the review of reports under this ICR is \$2,707.35. This estimate is calculated by multiplying the number of reports, 30, by an average 1 hours of Government review time, at an average rate of \$90 (.5 Med Level III & .5 Med Level 5, pay scale) totaling \$2,707.35.

Task	Rate of pay/hour	Percent of time	Total hours	Total
NASA Contract Technician	\$ 50.49	1%	15	\$ 757.35
NASA Contractor Medical Officer	\$130.00	1%	15	\$ 1,950
Total for projects/year				\$ 2,707.35

15. Changes in Burden: Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I, if applicable.

N/A

16. Publication of Results: For collections of information whose results will be published, outline plans for tabulation and publication.

The collection of this data will not be published.

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.

N/A

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions" of OMB Form 83-I.

The NASA information collection sponsor (civil service employee) must address the certification below, and enter their name and position title. The NASA Office of the Chief Information Officer must concur on any exceptions requested by the information collection sponsor, or the

package will not be forwarded to OMB.

The NASA office conducting or sponsoring this information collection certifies compliance with all provisions listed above.

Name: Joseph LaVan
Title: Physician
Email: joseph.t.lavan@nasa.gov
Date: 6/1/2023

(Certifying individual must be a civil service employee)