COVID-19 RECORDKEEPING AND REPORTING IN HEALTHCARE
STANDARD (29 CFR 1910.502, Subpart U)
OMB Control Number: 1218-0277
Expiration Date: March 31, 2025

NOTE TO REVIEWER:

On February 5, 2025, OSHA announced that until further notice it was not enforcing the requirement to establish, maintain, and provide copies of a COVID-19 log under 29 CFR § 1910.502(q)(2)(ii) and (q)(3)(ii)-(iv) or to report COVID-19 fatalities and hospitalizations under 29 CFR 1910.502(r). OSHA intends to initiate a rulemaking to remove all of Subpart U, including those requirements, from 29 CFR 1910. If OSHA removes Subpart U the associated information collection request would become moot.

A rulemaking to remove Subpart U will take time. To ensure full compliance with the technical requirements of the PRA during this interim period, DOL seeks PRA authorization for this information collection for three (3) years. DOL notes that this extension request does not indicate any intent by the agency to enforce any portion of Subpart U. OMB authorization for an ICR cannot be for more than three (3) years without renewal. The DOL notes that information collection requirements submitted to the OMB for existing ICRs receive a month-to-month extension while they undergo review.

**SUPPORTING STATEMENT FOR
THE INFORMATION COLLECTION REQUIREMENTS
IN THE COVID-19 RECORDKEEPING AND REPORTING
IN HEALTHCARE STANDARD (29 CFR 1910.502, Subpart U)
OFFICE OF MANAGEMENT AND BUDGET (OMB)
CONTROL NUMBER 1218-0277 (March 2025)**

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

Under the authority granted by the OSH Act, the Secretary, through the Occupational Safety and Health Administration ("OSHA" or "the agency") issued a Standard for COVID-19 recordkeeping and reporting in healthcare (29 CFR 1910, Subpart U). The standard, and its collections of information, protect healthcare and health care support service workers from occupational exposure to COVID-19 in setting where people with COVID-19 are reasonably expected to be present.

On June 21, 2021, OSHA determined that recordkeeping and reporting contained in the Standard was necessary to protect workers from the grave danger posed by COVID-19 for Healthcare and Associated Industries (29 CFR 1910.502) (86 FR 32376). The information collection of the recordkeeping and reporting requirements remain in effect under § 1910.502. Items 2 and 12 below describe the specific information collection requirements of the Standard.

Section 8(c)(1) of the OSH Act requires employers to "make, keep and preserve, and make available to the Secretary [of Labor] or the Secretary of Health and Human Services, such records regarding his activities relating to this chapter as the Secretary, in cooperation with the Secretary of Health and Human Services, may prescribe by regulation as necessary or appropriate for the enforcement of this chapter or for developing information regarding the causes and prevention of occupational accidents and illnesses." Section 8(c)(2) of the Act specifically directs the Secretary of Labor to promulgate regulations requiring employers to maintain accurate records of work-related injuries and illnesses. Section 8(c)(3) of the Act requires employers to "maintain accurate records of employee exposures to potentially toxic materials or harmful physical agents which are required to be monitored or measured under section [6 of the Act.]" In accordance with section 8(c), OSHA has included recordkeeping requirements in paragraph 1910.502(q). These paragraphs include requirements for the creation, maintenance, and availability of certain COVID-19-related records, including the establishment and maintenance of a COVID-19 log, as well as the availability of records to employees, employee representatives, and OSHA.

2. **Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

The COVID-19 recordkeeping and reporting in healthcare provisions contains the following collections of information:

29 CFR § 1910.502 – Healthcare.[1]

[1] The scope provision of § 1910.502 states:

(a) *Scope and application*.

(1) Except as otherwise provided in this paragraph, this section applies to all settings where any employee provides healthcare services or healthcare support services.

(2) This section does not apply to the following:

(i) The provision of first aid by an employee who is not a licensed healthcare provider;

(ii) The dispensing of prescriptions by pharmacists in retail settings;

(iii) Non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;

(iv) Well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;

(v) Home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;

(vi) Healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or

(vii) Telehealth services performed outside of a setting where direct patient care occurs.

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

§ 1910.502(q) Recordkeeping.

(1) Small employer exclusion. Employers with 10 or fewer employees on the effective date of this section are not required to comply with paragraph (q)(2) or (q)(3) of this section.

(2) Required records. Employers with more than 10 employees on the effective date of this section must:

(ii) establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.

(A) The COVID-19 log must contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

(B) The information in the COVID-19 log must be recorded within 24 hours of the employer learning that the employee is COVID-19 positive and must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law.

(C) The COVID-19 log must be maintained and preserved while this section remains in effect.

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

(3) Availability of records. By the end of the next business day after a request, the employer must provide, for examination and copying:

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(3) (i) Where a healthcare setting is embedded within a non-healthcare setting (e.g., nurse's office in a school, medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location.

(ii) Where emergency responders or other licensed healthcare providers (e.g., school nurse providing care to a student in a classroom) enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee.

(4) In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f), (h), and (i) of this section do not apply to employees who are fully vaccinated.

(ii) The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.

(iii) A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their personal representatives, and their authorized representatives.

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

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

Purpose: The requirement that employers establish and maintain a COVID-19 log assists OSHA, employers, and workers in monitoring exposures, evaluating the effectiveness of the employer's COVID-19 protections, and identifying potential high risk areas. The availability of records provisions ensure that these benefits are realized by providing employees, their representatives, and OSHA access to these records.

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

(1) The employer must report to OSHA:

(i) Each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality.

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

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

***Purpose*:** The requirement that employers report all COVID-19 fatalities and hospitalizations to OSHA allows the agency to identify employers who may not comply with the recordkeeping requirements or who may not be effectively controlling exposures. This requirement provides OSHA with information to evaluate the effectiveness of particular control measures and to identify jobs, workplaces, and industries with high exposure risk.

3. **Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce the burden.**

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

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

4. **Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use of the purposes described in Item 2 above.**

The information collection requirements are specific to each employer and worker involved, and no other source or agency duplicates these requirements or can make the required information available to the agency (i.e., the required information is available only from employers).

5. **If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

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

Even so, OSHA has included provisions to minimize the burden on small employers to comply with the Standard's recordkeeping requirements. For example, employers with 10 or fewer employees on the effective date of the standard were not required to comply with paragraph (q)(2) or (q)(3) of this section.

6. **Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The information collection frequencies specified by the standard are the minimum frequencies that the agency believes are necessary to ensure that employers and OSHA can effectively monitor the exposure and health status of workers, thereby helping to prevent serious illness or death resulting from hazardous occupational exposures to COVID-19.

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

- **Requiring respondents to report information to the agency more often than quarterly;**
- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **Requiring respondents to submit more than an original and two copies of any document;**
- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**
- **In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- **Requiring the use of a statistical data classification that has not been approved by OMB;**
- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- **Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

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

8. **If applicable, provide a copy and identify the data and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

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 (44 U.S.C. 3506(c)(2)(A)), OSHA published a notice in the Federal Register on October 9, 2024 (89 FR 81949) soliciting public comments on its proposed extension of the information collection requirements contained in the COVID-19 Recordkeeping and Reporting in Healthcare Standard (29 CFR 1910 Subpart U) under Docket Number OSHA-2021-0003. This notice was part of a preclearance consultation program intended to provide those interested parties the opportunity to comment on OSHA's request for an extension by the Office of Management and Budget (OMB) of a previous approval of the information collection requirements found in the above Standards.

The agency received three public comments in response to this notice.

The Association for Professionals in Infection Control and Epidemiology (APIC) expressed concerns regarding the accuracy of data collected under the ETS and the Agency's burden analysis (Document ID-OSHA-2021-0003-0008). Specifically, the commenter states that healthcare workers' self-reported COVID-19 test results yield inaccurate data due to situations such as workers failing to test or failing to report positive results to their employers. The commenter further asserts that employers now have an increased burden of collecting and reporting employees' positive test results because of the increase in home-testing, unlike during the COVID-19 public health emergency (PHE), when only laboratory facilities administered COVID-19 tests and such facilities were required to report all positive test results. OSHA does not agree that this warrants a change to the burden estimate. While OSHA is aware that employee reports may not provide comprehensive information in that some cases that would therefore go unreported, that would result in less burden, not more. Even to the extent there hasn't been a decrease in the number of COVID-19 cases reported, and employers no longer receive reports of employees' COVID-19-positive instances from a public health department or other source as they once did, this does not mean that the overall recordkeeping burden increased. Employers were, and continue to be, responsible for receiving positive COVID-19 test

results from their employees, and the burden is measured in the time it takes to receive and process the information, regardless of the source of information.

A different commenter stated that the COVID-19 ETS recordkeeping and recording requirements are unnecessary because healthcare facilities are required to provide data to other federal, state, and local government entities, suggesting that OSHA or another government entity should "assign an individual to every facility where they can collect the data." (Document ID 2021-0003-0006). A third commenter opined that COVID-19 data should be maintained on OSHA Forms 300 and 301, not elsewhere, so as not to distinguish COVID-19 from other respiratory illnesses. (Document ID OSHA-2021-0003-0007 p. 1).[2] Two of the commenters requested the removal of the COVID-19 recordkeeping and recording requirements on the grounds that they do not result in collection of accurate data because the requirements rely on individuals' self-reported testing results. (Document ID OSHA-2021-0003-0007 p. 1, 2; 2021-0003-0008, p. 1-2). One commenter suggested that, to minimize employers' compliance burdens, individual healthcare personnel at each healthcare facility should be required to enter COVID-19-related information into an Employee Health Software or similar system (Document ID 2021-0003-0007 p. 2).

The solicitation of comments through the prior notice was to extend the collection of information for employers to maintain and record the entries into the COVID-19 log as required under section 8 of the OSH Act. These comments request changes to the underlying substantive requirements of the rule and therefore fall outside the scope of this ICR. OSHA will consider changes to the underlying requirements as part of a subsequent rulemaking.

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

The agency will not provide payments or gifts to the respondents.

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

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

[2] This comment purports to be from the "Association of Healthcare Professionals (AHOP)," but OSHA notes that the comment was not on any organization letterhead and has no listed author, and AHOP, the Association of Occupational Healthcare Professionals, subsequently confirmed that it did not author the comment and is not aware of any organization with the same acronym or the name of Association of Healthcare Professionals.

Concerning OSHA Access to Employee Medical Records") to regulate access to employee medical records.

11. **Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

Perceived questions of a sensitive nature may be included in diagnosing whether an employee is showing signs or symptoms of the coronavirus when medical questions are posed to properly diagnose the patient and the employee's occupational exposure to COVID-19.

12. **Provide estimates of the hour burden of the collection of information. The statement should:**

Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.

· **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**

· **Provide estimates of annualized costs to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.**

RESPONDENT BURDEN-HOUR AND COST BURDEN DETERMINATIONS

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

For the sole purpose of calculating burden hours and costs under the Paperwork Reduction Act, this Supporting Statement has rounded the totals found in Tables B, the *Summary of Burden Hours and Cost* Under Item 12 of this Supporting Statement. The number of respondents is 78,571.

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 2023 National Occupational Employment and Wage Estimates. (OEWS data is available at

https://www.bls.gov/oes/current/oes_nat.htm. To access a wage rate, select the year, "Occupation profiles," and the Standard Occupational Classification (SOC) code.)

To account for fringe benefits markup, the Agency used the BLS 10:00 AM (EDT), Tuesday, June 18, 2024 news release: *Employer Costs for Employee Compensation – March 2024* news release text; (*https://www.bls.gov/news.release/archives/ecec_06182024.pdf*). BLS reported that for civilian workers, fringe benefits accounted for 31.2 percent of total compensation and wages accounted for the remaining 68.8 percent. To calculate the loaded hourly wage for each occupation, the agency divided the mean hourly wage by one minus the fringe benefit.

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

Table A – Estimated Wage Rates

Occupation Title	SOC Code	Mean Hourly Wage Rate (A)	Fringe Benefits (B)	Loaded Hourly Wage (C)=[(A)/(1-(B)]
General and Operations (GO) Manager	11-1021	$62.18	0.312	$90.38
Information and Records (IR) Clerk	43-4000	$20.49	0.312	$29.78

1. Recordkeeping.

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

Employers with more than 10 employees on the effective date of this section must establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.

COVID-19 Log:

Maintain Log:

For each employee with COVID-19, OSHA assumes it takes an IR clerk 10 minutes (.17 hour) to record the case in the employer's COVID-19 log. OSHA estimates 78,571 cases[3] will need to be recorded. Baseline non-compliance is estimated to be 100 percent.

[3] The number of cases confirmed positive after taking the COVID-19 test. (10,338,353 employees x 0.76% = 78,571 cases). Source: Economic analysis spreadsheets under Docket ID number: OSHA-2020-0004-1031, Attachment 4. The agency decided to use the 0.38, percent and multiplied it by 2to get 0.76 percent under the MRP (alt) tab to account for a gradual reduction in the number of cases transmitted due to the level of protection of the standard (86 FR 32511).

Burden Hours: 78,571 cases x 1.0 (non-compliance) x .17 hour = 13,357 hours

Cost: 13,357 hours x $29.78 (IR clerk) = $397,776

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

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

OSHA estimates an IR clerk takes 5 minutes (.08 hours) to make the relevant COVID-19 log entries accessible to the employee or their representative. OSHA estimates 5% of the 10,338,353 covered employees, or 516,918 workers, request access to these records. Baseline non-compliance with this requirement is estimated to be 25 percent.

Burden Hours: 516,918 employees x 0.25 (non-compliance) x 0.08 hours = 10,338 hours

Cost: 10,338 hours x $29.78 (IR clerk) = $307,866

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

§1910.502(r)(2)

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

OSHA estimates it takes 20 minutes (0.33 hours) of GO manager time to report the fatality or hospitalization to the agency. OSHA estimates that 0.0020 percent[4] of covered employees will be affected.

[4] Source: the economic analysis cost model spreadsheets under the Reporting tab. Docket ID number: OSHA-2020-0004-1031, Attachment 4. The estimate is calculated for 6 months (0.001%) so the annual estimate is 2 x 0.001 = 0.002 percent.

Large establishments:

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

Burden Hours: 66 cases reported x 0.25 (non-compliance) x 0.33 hours = 5 hours

Cost: 5 hours x $90.38 (GO manager) = $452

SBA-defined small[5] establishments:

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

Burden Hours: 116 cases reported x 0.25 (non-compliance) x 0.33 hours = 10 hours

Cost: 10 hours x $90.38 (GO manager) = $904

Very small establishments:

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

Burden Hours: 25 cases reported x 0.50 (non-compliance) x 0.33 hours = 4 hours

Cost: 4 hours x $90.38 (GO manager) = $362

[5] Excluding very small establishments.

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

	Frequency	Basis	Type of Respondent	Base Response	Non-Compliance Rate/NTR	Time per Response	Burden Hours	Loaded Hourly Wage	Total Cost	Total Responses
				a	*b*	*C*	*d = a x b x c*	*e*	*f = d x e*	*g = a x b*
1910.502 – Healthcare and Associated Industries										
1. Recordkeeping										
COVID-19 Log										
Maintain COVID-19 Log	Intermittent	Employee	IR Clerk	78,571	100%	0.17	13,357	$29.78	$397,771	78,571
Employee Access to the COVID-19 Records	Intermittent	Employee	IR Clerk	516,918	25%	0.08	10,338	$29.78	$307,866	129,230
2. Reporting COVID-19 of Fatalities and Hospitalizations										
Process and Report Information to OSHA Large Establishments	Intermittent	Employee	GO Manager	66	25%	0.33	5	$90.38	$452	17
Process and Report Information to OSHA SBA-Defined Small Establishments[6]	Intermittent	Employee	GO Manager	116	25%	0.33	10	$90.38	$904	29
Process and Report	Intermittent	Employee	GO Manager	25	50%	0.33	4	$90.38	$362	13

[6] Excluding very small establishments.

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

	Frequency	Basis	Type of Respondent	Base Response	Non-Compliance Rate/NTR	Time per Response	Burden Hours	Loaded Hourly Wage	Total Cost	Total Responses
				a	*b*	*C*	*d = a x b x c*	*e*	*f = d x e*	*g = a x b*
Information to OSHA										
Very Small Establishments										
Total				**595,696**			**23,714**		**$707,355**	**207,860**

Total Respondents = 78,571 cases.

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.

There is no burden to respondents or recordkeepers resulting from this collection of information. Item 12 above provides the total cost of the information collection requirements specified by § 1910.502(q)(2)(ii) & (3)(ii) - (iv) and § 1910.502(r)(2).

14. **Provide estimates of annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.**

There are no costs to the Federal Government.

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

The agency is requesting a one-hour adjustment decrease from 23,715 to 23,714 hours. The decrease in burden is due to rounding the totals from decimals to whole numbers.

16. **This is a new information collection request. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

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

17. **If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

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

18. **Explain each exception to the certification statement.**

OSHA is not requesting an exception to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

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