INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting an	d
recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-I:	
cols (D) &/or (I) = 13a (respondent is only counted once); cols F & I = 13b; cols H & K = 13c	

FIRE AND AVIATION MANAGEMENT MEDICAL QUALIFICATIONS PROGRAM

TITLE OF INFORMATION COLLECTION DOCUMENT

OMB NO. 0596-0164

(K)Total/(I)Total = (J)Average

NOTE: The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

 $\label{eq:continuous} \textbf{(F)Total/(D)Total} = \textbf{(E)Average} \qquad \textbf{(H)Total/(F)Total} = \textbf{(G)Average}$

DATE PREPARED

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL BURDEN						
]	REPORTS						RECORDS	RESPO	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)	COST PER HOUR
(A)	(B)	(C)	(D)	RESPONDENT (E)	(F)	(G)	(H)	(1)	KEEPER (J)	(K)	(L)
(4)	Work Capacity Test Informed Consent	FS-5100-30	24,400	1.00	24,400.00	0.090		0	0.000	0.00	16.20
	Health Screening Questionnaire (Forest Service)	FS-5100-31	24,400	1.00	24,400.00	0.170	4,148.00	0	0.000	0.00	16.20
	Health Screening Questionnaire (Dept of Interior)	FS-5100-31	900	1.0000	900.00	0.1700	153.00	0	0.000	0.00	16.20
	Wildland Firefighter Medical Qualifications Program Medical Exam (future estimated)	FS-5100-41	4,300	1.0000	4,300.00	3.0000	12,900.00	0	0.000	0.00	16.20
	Self-Certification Statement and Bloos Pressure Check (future estimated)	FS-5100-42	7,000	1.0000	7,000.00	0.1700	1,190.00	0	0.000	0.00	16.20
					0.00		0.00			0.00	
	SUBTOTAL				61,000.00		20,587.00	0.00		0.00	
	TOTAL OF ALL PAGES				61,000.00		20,587.00	0.00		0.00	
TO	FAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 130				61,000.00		20,587.00				

NDENT COST

TOTAL COST (Col. H x L)

(M)

\$35,575.20

\$67,197.60

\$2,478.60

\$208,980.00

\$19,278.00

\$0.00

\$333,509.40

\$333,509.40