

LEAD IN CONSTRUCTION STANDARD (29 CFR 1926.62)

OMB Control Number – 1218-0189

Expiration Date: September 30, 2025

**SUPPORTING STATEMENT FOR THE
INFORMATION COLLECTION REQUEST FOR THE
LEAD IN CONSTRUCTION STANDARD (29 CFR 1926.62)¹
OFFICE OF MANAGEMENT AND BUDGET (OMB)
CONTROL NO. 1218-0189 (May 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) 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).

To protect worker health, the OSH Act authorizes the Occupational Safety and Health Administration (OSHA) to develop standards that provide for “monitoring or measuring employee exposure” to occupational hazards and “prescribe the type and frequency of medical examinations and other tests which shall be made available [by the employer] to employees exposed to such hazards in order to most effectively determine whether the health of such employees is adversely affected by such exposure” (29 U.S.C. 655). 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 [his/her] activities relating to this Act as the Secretary . . . may prescribe by regulation as necessary or appropriate for the enforcement of this Act or for developing information regarding the causes and prevention of occupational accidents and illnesses” (29 U.S.C. 657). In addition, the OSH Act directs OSHA to “issue regulations requiring employers to maintain accurate records of employee exposure to potentially toxic materials or other harmful physical agents which are required to be monitored and measured,” 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). The OSH Act states further 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. 651).

Under the authority granted by the OSH Act, OSHA published a health standard governing

¹ The purpose of this Supporting Statement is to analyze and describe the burden hours and costs associated with provisions of this standard that contain paperwork requirements; it does not provide information or guidance on how to comply with, or how to enforce, the standard.

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worker exposure to Lead in Construction (29 CFR 1926.62) (the “Standard”). Attached to this supporting statement is a copy of the Standard.

The purpose of the Lead in Construction Standard is to reduce the occupational lead exposure in the construction industry. Lead exposure can result in both acute and chronic effects and can be fatal in severe cases of lead intoxication. Some of the health effects associated with lead exposure include brain disorders which can lead to seizures, coma, and death; anemia; neurological problems; high blood pressure; kidney problems; reproductive problems; and decreased red blood cell production.

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 Lead in Construction Standard includes requirements for exposure-monitoring, compliance programs, respirator program, medical surveillance and recordkeeping. The information generated to comply with these provisions is primarily used by employers, workers, and medical care providers to provide protection for workers from the adverse health effects associated with occupational exposure to lead.

Both worker and employers benefit from the information provided by exposure-monitoring and medical surveillance records. Through notification of monitored exposure levels, the worker is informed whether his or her exposure is lower than or above a level warranting protective action. Medical records are designed so that a worker can determine whether treatment is needed for occupational exposure. Exposure-monitoring and medical surveillance records help the employer to ensure that workers are not overexposed to lead. The exposure assessment requirements can be used to help employers understand how exposures can vary over time and can be used to diagnose and correct problem operations or poor work practices resulting in high airborne lead levels.

Records of previous medical examinations are useful to physicians who must examine workers exposed to lead. Without records of previous medical examinations, the physician may not be able to determine whether a worker has suffered an adverse health effect since his or her 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.

The data and information contained in the required records may also be used by both OSHA and NIOSH primarily for the development of lead exposure assessments. Exposure data and the data accumulated through the medical surveillance records can be used for epidemiological and diagnostic investigations (e.g., to determine, dose-response relationships for diseases caused by lead exposure).

The following paragraphs identify paperwork requirements. Burden hours and costs are discussed under Item 12.

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Exposure Assessment (§1926.62(d)(1))

For each workplace or operation where a worker may be occupationally exposed to lead, the employer must make an initial determination of whether a worker will be exposed to lead at or above the action level. The employer must thus determine: (1) whether or not lead is actually present at the work site, and (2) whether or not worker exposures would be at or above the action level.

Protection of Employees During Assessment of Exposure (§1926.62(d)(2)(i))

The Standard requires employers to provide certain protection to all workers in job categories specifically identified in paragraph (d)(2) of the Standard, before determining the representative lead exposures of these workers. These protections must be provided until the employer documents that the workers are not exposed over the PEL (documentation through new exposure monitoring data, or exposure-monitoring data no more than 12 months). If workers covered under (d)(2) are found to be exposed below the PEL, the documentation described in this paragraph is the same documentation that is also required to satisfy the Negative Initial Determination requirement.

Basis of Initial Determination (§1926.62(d)(3))

The Standard further requires employers to determine whether any worker will be exposed to lead at or above the action level. This determination may be made on the basis of: (1) new exposure monitoring; (2) relevant exposure monitoring data collected by the employer within the previous 12 months (historical monitoring data); or (3) objective data² showing that worst-case exposures will be below the action level. Thus, employers will need to perform initial determination-related monitoring when objective data or previous exposure monitoring data do not exist or are insufficient for use. (Exposure monitoring performed to comply with the Initial Determination requirement may also be used to satisfy the Initial Monitoring requirement as described below.)

Positive Initial Determination and Initial Monitoring (§1926.62(d)(4))

Employers must conduct initial exposure-monitoring (representative of each affected worker's exposure) when the initial determination is positive (the employer concludes that lead exposure may meet or exceed the action level) unless employers have relevant historical monitoring data from the previous 12 months.

Negative Initial Determination (§1926.62(d)(5))

If the initial determination is negative (i.e., employers conclude that no workers will be exposed at or above the action level), employers must make a written record of that determination. The

² Objective data are data demonstrating that a particular product or material containing lead or a specific process, operation, or activity involving lead cannot result in worker exposure to lead at or above the action level during processing, use or handling.

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record must include the information specified in paragraph (d)(3)(i) of this section and also shall include the date of determination, location within the worksite, and the name of each worker monitored.

Frequency (§1926.62(d)(6))

If the initial determination reveals employee exposure to be below the action level further exposure determination need not be repeated except as otherwise provided in paragraph (d)(7). (See: “Additional Exposure Assessments,” below.)

The frequency of periodic monitoring is determined by whether the work site exposure levels are at or above the action level but at or below the PEL, or above the PEL. If the initial determination or subsequent determination reveals employee exposure to be at or above the action level but at or below the PEL the employer must perform monitoring at least every 6 months. The employer must continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee except as otherwise provided in paragraph (d)(7).

If the initial determination reveals that employee exposure is above the PEL the employer shall perform monitoring quarterly. The employer must continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are at or below the PEL but at or above the action level at which time the employer shall repeat monitoring for that employee at the frequency specified in paragraph (d)(6)(ii) of this section, except as otherwise provided in paragraph (d)(7). The employer must continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee except as otherwise provided in paragraph (d)(7).

Additional Exposure Assessments (§1926.62(d)(7))

Whenever there has been a change of equipment, process, control, personnel or a new task has been initiated that may result in additional workers being exposed to lead at or above the action level or may result in workers already exposed at or above the action level being exposed above the PEL, the employer must conduct additional monitoring.

Employee Notification (§1926.62(d)(8))

If employers conduct exposure monitoring, they must notify workers either individually in writing or by posting the results within 5 working days in an appropriate location that is accessible to workers. If the results are at or above the PEL, without regard to respirators, the employer must include a statement to that effect and a description of corrective measures to be taken. The point of notification is to ensure that workers are aware of their exposures to OSHA-regulated substances, and the agency preliminarily concludes that this goal can be met either through individual written notification or

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through posting in a location that is readily accessible to all workers whose results are being posted.

Compliance Program (§1926.62(e)(2)(i), (e)(2)(ii), and (e)(2)(iii))

The Lead in Construction Standard requires employers to establish and implement a written compliance program to reduce worker exposures to or below the PEL by means of engineering and work practice controls. Employers must review and update their compliance programs at least annually to reflect the current status of the program until all worker exposures are reduced to or below the PEL solely by engineering and work practice control methods.

Written plans for these compliance programs shall include at least the following:

- (A) A description of each activity in which lead is emitted; e.g., equipment used, material involved, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices;
- (B) A description of the specific means that will be employed to achieve compliance and, where engineering controls are required engineering plans and studies used to determine methods selected for controlling exposure to lead;
- (C) A report of the technology considered in meeting the PEL;
- (D) Air monitoring data which documents the source of lead emissions;
- (E) A detailed schedule for implementation of the program, including documentation such as copies of purchase orders for equipment, construction contracts, etc.;
- (F) A work practice program which includes items required under paragraphs (g), (h) and (i) of this section and incorporates other relevant work practices such as those specified in paragraph (e)(5) of this section;
- (G) An administrative control schedule required by paragraph (e)(4) of this section, if applicable;
- (H) A description of arrangements made among contractors on multi-contractor sites with respect to informing affected employees of potential exposure to lead and with respect to responsibility for compliance with this section as set-forth in §1926.16.
- (I) Other relevant information.

Notification of Other Onsite Employers (§1926.62(e)(2)(ii)(H))

As shown in the paragraph above, the compliance program requires contractors working with lead on multi-contractor sites to inform affected workers of potential exposure to lead as required in 29 CFR 1926.16 (Rules of Construction).

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Submission of Written Compliance Programs (§1926.62(e)(2)(iv))

The Standard requires that written compliance programs must be submitted upon request to any affected worker or authorized worker representatives, to OSHA and the National Institute for Occupational Safety and Health (NIOSH) and must be available at the worksite for examination and copying by OSHA and NIOSH.³

Revision of Written Compliance Programs (§1926.62(e)(2)(v))

Written programs must be revised and updated at least annually to reflect the current status of the program.

Administrative Controls (§1926.62(e)(4))

The Lead in Construction Standard permits the use of worker rotation to control exposure to lead. Employers who make use of worker rotation as an administrative control must establish a job rotation schedule as part of the written compliance program.

Respirator Protection (§1926.62(f)(2)(i))

Employers using respirators to control worker exposures to lead must establish a respiratory protection program in accordance with 29 CFR 1910.134, paragraphs (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each worker required to use a respirator. Paragraph (c) of 1910.134 requires employers to develop and implement a written respiratory protection program with worksite specific procedures, as well as elements for respirator use. The purpose of these requirements is to ensure that employers establish a standardized procedure for selecting, using, and maintaining respirators for each workplace requiring respirator use. Developing written procedures ensures that employers implement a respirator program that meets the needs of their workers.

Notifying the Laundry (§1926.62(g)(2)(vi) and (vii))

The Lead in Construction Standard requires employers to provide workers exposed to lead above the PEL with protective work clothing and equipment. Employers supplying such clothing and equipment are also required to inform, in writing, those persons responsible for cleaning and laundering the protective clothing and equipment about the hazards of lead. The employer shall ensure that the containers of contaminated protective clothing and equipment required by paragraph (g)(2)(v) of this section are labeled as follows: DANGER: CLOTHING AND

³ OSHA has determined that the requirement for employers to make information available upon request to the Assistant Secretary is not a collection of information; OSHA typically requests access to records during an inspection, and information collected by the Agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). While NIOSH may use records collected from employers for research purposes, the agency does not anticipate that NIOSH will ask employers to make records available during the approval period. Therefore, the burden for the employer to make this information available to NIOSH is zero.

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EQUIPMENT CONTAMINATED WITH LEAD. MAY DAMAGE FERTILITY OR THE UNBORN CHILD. CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM. DO NOT EAT, DRINK OR SMOKE WHEN HANDLING. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.⁴

Medical Surveillance (§1926.62(j), (j)(1)(i) and (j)(1)(ii))

Employers must provide initial medical surveillance to any worker occupationally exposed to lead at or above the action level on any day. Initial medical surveillance consists of a single session of biological monitoring. The Standard further requires employers to establish a medical surveillance program for all workers who are, or may be, exposed by the employer at or above the action level for more than 30 days in any consecutive 12 months. Other medical surveillance provisions include requirements for medical examinations and consultations; notification of the multiple physician review option; provision of information to physicians; written medical opinions; and written chelation notification.

Biological Monitoring (§1926.62(j)(2))

Employers must provide biological monitoring to the following categories of workers:

Initial medical surveillance consisting of a single blood test (analyzed for lead and zinc protoporphyrin levels) for workers exposed, on any day, to lead at or above the action level;

Periodic medical surveillance consisting of regularly scheduled blood tests (analyzed for lead and zinc protoporphyrin levels) as part of a medical surveillance program for all workers exposed at or above the action level more than thirty days per year. These tests are to be administered at least every two months for the first six months of employment and every six months thereafter;

Additional blood tests for all workers exposed at or above the action level whose last blood sampling and analysis indicated a blood-level at or above 40 µg/dl. These tests are to be administered at least every two months until two consecutive blood test results indicate a blood-lead level below 40 µg/dl;

Follow-up blood tests for workers removed from exposure to lead due to an elevated blood-lead level (at or above 50µg/dl). These tests are to be administered within two weeks after

⁴Prior to June 1, 2015, employers were permitted to include the following information on bags or containers of contaminated protective clothing and equipment required by paragraph (g)(2)(v) in lieu of the labeling requirements in paragraph (g)(2)(vii)(A) of this section: Caution: Clothing contaminated with lead. Do not remove dust by blowing or shaking. Dispose of lead contaminated wash water in accordance with applicable local, state, or federal regulations.

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the employer receives the results of the first blood sampling test; and

Additional blood tests for workers removed from exposure to lead due to an elevated blood-lead level (50 µg/dl or more). These tests are to be administered at least monthly during the removal period.

All biological monitoring tests must be performed by, or under the supervision of, a licensed physician. (Blood-lead samples are often collected by occupational health nurses or other qualified health-care practitioners.)

Employee Notification of Results (§1926.62(j)(2)(iv))

Employer must give each worker written notification of his or her blood-lead level within five working days after the receipt of biological monitoring results. Employers must also notify each worker whose blood-lead level is at or above 40µg/dl that the Standard requires temporary medical removal, with medical removal protection benefits, when a worker's blood-lead level is at or above 50 µg/dl.

Medical Examinations and Consultations (§1926.62(j)(3))

Employers are required to provide medical examinations and/or consultations to the following categories of workers:

Workers exposed at or above the action level more than thirty days per year or with blood-lead levels at or above 40µg/dl;

Workers with signs or symptoms associated with lead intoxication;

Workers desiring medical advice about the interaction of lead exposure and reproduction;

Workers who are pregnant;

Workers experiencing difficulty in breathing during a respirator fit test or during use; and

Workers medically removed from lead exposure or limited by a final medical determination.

Notification of Multiple Physician Review Options (§1926.62(j)(3)(iii)(B))

The Lead in Construction Standard requires employers to promptly notify each worker of his or her right to seek a second medical opinion after each occasion during which a physician conducts a medical examination or consultation.

Information Provided to Examining and Consulting Physicians (§1926.62(j)(3)(iv))

Employers must provide the physician conducting the medical examination or consultation with

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the following information: a copy of the Standard and appendices; a description of the worker's lead-exposed duties; the worker's exposure level; a description of the personal protective equipment used; prior blood-lead test results; and any prior written medical opinions concerning the worker in the employer's control.

Physician's Written Medical Opinion (§1926.62(j)(3)(v))

The Standard requires that employers obtain a written medical opinion from the supervising, examining, or consulting physician for each session of biological monitoring, medical examination, or consultation, and provide it to the affected worker.

Chelation Notification (§1926.62(j)(4)(i))

In accordance with the Standard, if therapeutic or diagnostic chelation is performed on a lead-poisoned worker, the worker must be notified, in writing, prior to the occurrence of the chelation. In general, chelation is only performed in severe cases of lead intoxication.

Employee Information and Training (§1926.62(l))

Communication of Hazards (§ 1926.62(l)(1)(i), 1926.62(1)(ii), 1926.62(1)(iii) and 1926.62 (1)(iv))

The Standard requires employers to communicate information concerning lead hazards to all workers exposed to lead in accordance with the Hazard Communication Standard for the Construction Industry, 1926.59. The employer shall ensure that at least the following hazards are addressed: reproductive/developmental toxicity; central nervous system effects; kidney effects; blood effects; and acute toxicity effects.⁵

In addition, employers must establish a training program for all workers who are exposed to lead at or above the action level on any day or who work with lead compounds that may cause skin or eye irritation. Training must be provided prior to initial job assignment and must be repeated at least annually thereafter for all covered workers.

Training Program (§ 1926.62(l)(2))

The employer is responsible for informing workers of the following: (1) the content of the lead standard and its appendices; (2) the specific nature of the operations that could result in exposure to lead above the action level; (3) the purpose, proper selection, fitting, use and limitations of respirators; (4) the purpose and a description of the medical surveillance program and the medical removal protection program, including information concerning the adverse health effects associated with excessive exposure to lead; (5) the engineering controls and work practices

⁵ The agency accounts for the burden hours and costs associated with compliance with the HCS, such as the development of a hazard communication program, under the Information Collection Request (ICR) for the HCS. OMB Control No. 1218-0072.

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associated with the worker's job assignment; (6) the contents of any compliance plan in effect; and (7) instructions to workers that chelating agents should not be used routinely to remove lead from their bodies and should not be used at all except under the direction of a licensed physician; (8) the employee's right of access to records.

Upon further analysis, the requirement that employers provide training to workers under (l)(1) and (l)(2) is not considered to be a collection of information.

Access to Training Program Materials (§1926.62(l)(3))

As required by (l)(3)(i), the employer must make readily available to all affected workers a copy of the standard and its appendices and provide, upon request, all materials relating to the worker training and information program to affected workers and their designated representatives. Workers receive training program materials during initial and annual training making it unlikely that workers will request to see such material. In addition, public disclosures of information originally provided by the Federal government to the recipient for the purpose of disclosure to the public do not fall within the definition of a collection of information under 5 CFR 1320.3(c) (2). Therefore, these requirements, as they pertain to materials provided by the Federal government to employers, are not collections of information.

In addition, under (l)(3)(ii), the Lead in Construction Standard requires employers to provide, upon request, all materials relating to the worker training and information program to OSHA and NIOSH. Usually, OSHA requests access to records during a compliance inspection. Information collected by the agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a) (2). Therefore, OSHA takes no burden or cost in Items 12 and 14 of this Supporting Statement.

Signs (§1926.62(m))

The employer must post the following warning signs⁶ in each work area where a worker's exposure to lead is above the PEL: DANGER, LEAD WORK AREA, MAY DAMAGE FERTILITY OR THE UNBORN CHILD, CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM, DO NOT EAT, DRINK OR SMOKE IN THIS AREA

Exposure Monitoring Records (§1926.62(n)(1)(ii))

The Standard requires employers to establish and maintain an accurate record of all monitoring and other data used in conducting worker exposure assessments.

Medical Surveillance Records (§1926.62(n)(2)(i))

Employers must establish and maintain an accurate record of medical surveillance results for

⁶Prior to June 1, 2016, employers were permitted to use the following legend in lieu of that specified in paragraph (m): WARNING: LEAD WORK AREA; POISON; NO SMOKING OR EATING.

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each worker subject to medical surveillance.

Medical Removal Records (§1926.62(n)(3)(i))

Employers must establish and maintain an accurate record for each worker subject to medical removal.

Objective Data Records (§1926.62(n)(4)(i))

The Standard requires employers to establish and maintain records of the objective data relied upon to make initial determinations.

Employee Access to Records (§1926.62(n)(5))

The Standard requires employers to make available upon request the contents of the written compliance program, the training program materials, and all records required to be maintained under paragraph (n) (Recordkeeping) to affected workers, former workers, and the designated representatives.

Federal Access to Records (§1926.62(n)(5))

The Standard requires employers to make available upon request the contents of the written compliance program, the training program materials, and all records required to be maintained under paragraph (n) (Recordkeeping) to OSHA and NIOSH. Usually, OSHA requests access to records during a compliance inspection. Information collected by the agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). Therefore, OSHA takes no burden or cost in Items 12 and 14 of this Supporting Statement.

Record Transfer (§1926.62(n)(6))

The standard requires employers ceasing to do business to transfer records to a successor employer. Employers must comply with the transfer requirements in (§1910.1020(h)).

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.

OSHA considers the employer's transfer of records to a successor employer to be usual and customary communications during the transition from one employer to a successor employer. In this regard, the employer would communicate the location of all records, including worker 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.

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In addition, OSHA accounts for the burden hours and costs resulting from the worker 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 burden.**

Employers may use improved information technology when establishing and maintaining exposure monitoring and medical surveillance records. OSHA wrote the paperwork requirements of the Standard in performance-oriented language i.e., in terms of what data to maintain, not how to maintain the data.

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

The information collection requirements in the 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 (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 Standard's information collection requirements do not significantly impact many 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 the Standard are the minimum frequencies the agency believes are necessary to ensure that employers and OSHA can effectively monitor the exposure and health status of workers working with lead.

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

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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 uses; 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.

Paragraph 1926.62(d)(8)(i) requires employers to give workers written notification of their exposure levels within five working days after completion of the exposure assessment.

Paragraph 1926.62(j)(2)(iv)(A) requires employers to give workers written notification concerning blood lead level results within five working days after the receipt of biological monitoring results. Paragraph 1926.62(j)(2)(iv)(B) requires employers to notify workers whose blood lead levels are at or above 40 ug/dl about the medical removal and medical removal protection benefits provisions of the Standard within five working days after the receipt of biological monitoring results.

In addition, under OSHA's Access to Employee Exposure and Medical Records Standard (§1910.1020), employers must maintain the exposure monitoring results for 30 years.

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

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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. 506(c)(2)(A)), OSHA published a notice in the Federal Register on February 28, 2025 (90 FR 10952) soliciting comments on its proposal to extend the Office of Management and Budget's (OMB) approval of the information collection requirements specified in the Lead in Construction Standard under docket number OSHA-2012-0014. This notice is part of a preclearance consultation program that provides interested parties the opportunity to comment on OSHA's request for an extension by OMB of previous approval of the information collection requirements found in the above Standard.

The agency received one public comment from Daniel Hafner in response to this notice under docket number OSHA-2012-0014-0014 on April 9, 2025. The commenter stated that "...lead should not be included in building material." OSHA appreciates Mr. Hafner's interest in the safety and welfare of workers, however, this notice does not address the topic of whether lead should be included in building material. The scope of this notice is to extend OMB's approval of the information collection requirements contained in the Lead in Construction Standard.

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.

Since 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. The legal authority for these procedural regulations is found in sections 8(c)(1) and 8(g)(2) of the Occupational Safety and Health, 29 U.S.C. 657; in section (e) of the Privacy Act, 5 U.S.C. 552a(e); in 29 CFR Part 70a; 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

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requested, and any steps to be taken to obtain their consent.

The paperwork requirements specified by the Standard do not require the collection of sensitive information.

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 in Item 13.

Provide estimates of annualized cost to respondents for the hour burdens for collection of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 13.

Respondent Burden Hour and Cost Burden Determinations

As stated in the 1997 Information Collection Request, the development of the industry profile of affected establishments and workers began with estimates of the types and numbers of construction projects involving exposure to lead, in conjunction with a characterization of each type of project. This characterization included the different types of activities that were performed on each project where lead exposure could occur, as well as estimates of the average number of crews (and crew sizes) needed to perform each activity for each type of project and the average duration of each activity for each type of project.

The identification of the different *types* of construction projects (and individual activities within each project type) involving exposure to lead was based on a review of the occupational health literature describing where exposure to lead typically occurs. This was augmented and refined by conversations with industry and labor experts and the information gained from the 25 site visits performed by OSHA's contractor CONSAD in its support work for OSHA. The *number* of different projects performed each year was generally based on an inventory of the particular type of construction projects performed (e.g., the number of highway bridges in the U.S.); and the frequency with which each particular type of project had to be redone (e.g., how often a

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highway bridge had to be repainted and rehabilitated); or some estimate of the number of projects performed each year. In most cases, these data suggest that the frequency of performing work on the same structure is once every 10-20 years or that the number of projects performed annually (compared to the total number that need to be performed) is such that at least a 10 – 20 year life expectancy is implied. To estimate the types and number of projects performed annually, the agency has retained the original formulas for estimation from the previous ICR while providing updated statistics and work-practice information wherever possible.

Lead exposure is most common among construction project types and involves the disturbance of existing lead or lead-containing materials during additions, alterations, reconstruction, demolition, repairs, and maintenance. Some examples of potential sources of exposure in these project types include lead-based paint and paint dust, lead pipes, leaded solder, the leaded support rods in stained glass windows, and some mineral wool insulation. In contrast, project types involving exposure to lead during new construction are comparatively rare. This is in part due to government regulations that have banned residential use of once common lead-containing construction materials such as lead-based paints and lead solder. In most new construction projects involving lead use, lead and lead-containing materials are used in limited quantities for specialized applications. Examples include the use of lead foil sheet in the walls of hospital x-ray suites.

The burden hour and cost estimates presented below are calculated based on the number of affected firms, workers, and lead-exposed projects as classified by the type of construction projects involving lead exposure (e.g., Highway and Railroad Bridge Repainting, Stained Glass Window Removal, and Electrical Cable Splicing). Based on estimates and analysis contained in the Regulatory Impact Analysis⁷ and updated data, where available, the agency estimates that approximately 175,399 firms, 800,651 workers, and 3,671,805 projects are affected by 29 CFR 1926.62 on an annual basis.⁸

Each of the 25 affected project types is characterized by a set of unique assumptions about typical airborne lead exposure levels, typical project durations, the construction tasks performed, and numerous other factors entering into the calculation of the burden hours associated with compliance.⁹

⁷The basic assumptions used in calculating the burden hour and cost estimates are derived from or based on information in the Regulatory Impact Analysis for the Lead in Construction Standard, and three supporting contractor reports. The three supporting contractor reports are: (1) “Economic Analysis of OSHA Interim Final Standard for Lead in Construction” prepared by CONSAD Research Corporation in April 1993; (2) “Assessment of Potential Benefits Associated with the Interim Final Standard for Lead in Construction” (Appendix D of the CONSAD report) prepared by Meridian Research, Inc. in April 1993; and (3) “Quantitative Assessment of the Risks Associated with Exposure to Lead in the Construction Industry: Selected Toxicologic Endpoints (Peer Review Draft Report)” prepared by Meridian Research, Inc. in August 1992.

⁸See Attachment A for explanation of analysis, data sources, and a complete list of projects on a per project-type basis.

⁹The Final Economic Analysis assumed that 25 project types would be affected by the Standard. As explained in Attachment A, the Agency determined that there are no longer any water tank or petroleum or liquid

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OSHA assumes that there will be a number of new firms affected by the Standard each year equivalent to 10 percent of the total number of firms affected on an annual basis. (It is necessary to assume the number of new firms affected by the Standard each year in order to estimate the burden associated with several one-time requirements of the Standard that existing firms would have had to comply with by the end of 1993.) OSHA assumed, for the purposes of developing this information collection burden estimate, that all affected firms are currently in compliance with 29 CFR 1926.62.

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, U.S. Department of Labor, Occupational Employment Wage Statistics [List of SOC Occupations \(bls.gov\)](#) accessed: May 2024. (OES data is available at SOC Occupations (bls.gov) To access a wage rate, select the year, “Occupation profiles,” and the Standard Occupational Classification (SOC) code.)

To account for fringe benefits, the agency used the [Employer Costs for Employee Compensation – September 2024 \(bls.gov\)](#) Occupational Employment Wage Statistics (OEWS) (2024). Fringe markup is from the following BLS release: *Employer Costs for Employee Compensation* news release text; For release, December 17, 2024 (https://www.bls.gov/news.release/archives/ecec_12172024.pdf). BLS reported that private workers, fringe benefits accounted for 29.6 percent of total compensation, and wages accounted for the remaining 70.4 percent. The wage rates used in this ICR are presented in Table 1.

Table 1- Estimated Wage Rates

WAGE HOUR ESTIMATES				
Occupational Title	SOC Code	Mean Hourly Wage Rate (A)	Fringe Benefits (B)	Loaded Hourly Wage Rate (C) = (A)/(1-(B))
First-Line Supervisors/Managers of Construction Trades	47-1011	\$39.11	0.296	\$55.55
Construction Workers	47-0000	\$29.57	0.296	\$42.00
Clerical Workers	43-0000	\$23.05	0.296	\$32.74
Healthcare Practitioners and Technical Occupations	19-5011	\$36.68	0.296	\$52.10
Occupational Health and	19-5012	\$27.85	0.296	\$39.56

natural gas tank repainting, underground storage tank, elevator cable babbitting, transmission and communication tower maintenance, or installation of terne roofing projects in which workers are exposed to lead. References to these project types have been retained here and elsewhere in the document but are assumed to comprise zero lead-exposed projects. See Attachment A for more information.

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Safety Technicians				
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Burden Hour and Cost Determination

The following sections summarize the methodology used to estimate the number of burden hours and costs resulting from the standard's information collection requirements.

A. Exposure monitoring (§1926.62(d))

(1) Initial Determination

For each workplace or operation where a worker may be occupationally exposed to lead, the employer must make an initial determination of whether a worker will be exposed to lead at or above the action level. The employer must thus determine (1) whether or not lead is actually present at the work site and (2) whether or not worker exposures would meet or exceed the action level.

(1)(a) Determination of the Presence of Lead

Some project types always involve lead exposure while other affected project types may only involve lead exposure on some projects. In general, those construction firms working on projects where lead is commonly found can reasonably be expected to have a high degree of expertise about whether a given project is likely to involve lead exposure. OSHA assumes that employers involved in ten project types are able to immediately determine whether lead will be present at a given work site based on expertise, materials to be used, bidding expertise, or other relevant circumstances and that employers in these categories, such as Housing Lead Abatement (Public Housing) do not have any burden associated with determining whether lead was present on the work sites.

For twelve project types, employers use a lead-detection method on every project to analyze potentially-lead-containing materials to determine worker exposure levels above the permissible exposure limit (PEL) when lead is present. These project types are as follows:

- Highway and Railroad Bridge Repainting
- Highway and Railroad Bridge Rehabilitation
- Water Tank Repainting
- Petroleum Tank Repainting
- Underground Storage Tank Demolition
- Commercial and Industrial Demolition
- Indoor Industrial Facility Maintenance/Renovation
- Outdoor Industrial Facility Maintenance/Renovation
- Industrial Process Equipment Manufacture/Maintenance/Repair
- Industrial Vacuuming

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Re-insulation over Existing Mineral Wool
Transmission and Communication Tower Maintenance

For the following three project types: Commercial and Institutional Remodeling, Residential Remodeling, and Repair/Removal of Water Lines, OSHA made slightly different assumptions about the number of projects tested to determine the presence of lead.

Remodeling firms engaged in work covered under the “Commercial and Institutional Remodeling and Residential Remodeling” projects only perform lead-detection testing on those projects where they planned to assign workers to perform tasks associated with exposures at or above the action level (e.g., the remodeling tasks listed in paragraph (d)(2)(i) of 1926.62)). Otherwise, these firms rely on objective data to demonstrate that remodeling work does not result in worker exposures at or above the action level. (OSHA estimates that objective data is used on 85 percent of commercial and industrial remodeling jobs and 97 percent of residential remodeling jobs). Plumbing firms engaged in repair or removal of water lines do not do lead-testing since they also use objective data to demonstrate that their work does not result in worker exposures at or above the action level. (The burden hours for provisions relating to objective data and associated recordkeeping are presented below.)

For those project types where lead detection is performed, employers use a chemical identification test method (lead-detection swabs) to determine whether lead is present at a particular work site of a given project type. A supervisor, earning \$55.55, takes 15 minutes (15/60 hour) to test for lead using a chemical identification test method. The formula for the burden hours by project type is: (# of projects to be tested) × (1 test per project) × (15/60 hour) = burden hours by project type. The burden hours by project are totaled to derive the total number of burden hours across all project types. OSHA estimated that 408,621 projects are tested to determine whether lead was present or not.¹⁰

Burden hours:	408,621 projects x 1 test per project x 15/60 hour = 102,155 hours
Cost:	102,155 hours × \$55.55= \$5,674,710

The Standard requires employers to determine whether any worker will be exposed to lead at or above the action level. This determination may be made on the basis of: (1) new exposure monitoring, (2) relevant exposure-monitoring data collected by the employer within the previous 12 months (historical monitoring data), or (3) objective data showing that worst-case exposures will be below the action level. Thus, employers must perform initial determination-related monitoring when objective data or previous exposure monitoring data do not exist or are insufficient for use. (Exposure monitoring performed to comply with the Initial Determination requirement may also be used to satisfy the Initial Monitoring requirement as described below.)

¹⁰To determine the number of projects tested, the Agency applied the percentage change in the number of lead-exposed projects in each project type to the number of projects needing lead testing in each project type as determined in the previous ICR update (e.g., the agency calculated a 11.3 % decrease in the total number of highway and railroad bridge repainting lead-exposed projects between 2022 and 2024; this 11.3% decrease was then applied to the total number of projects needing lead testing for the project category). This process was applied throughout this ICR.

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New employers will conduct monitoring for the first time to satisfy the Initial Determination requirement. Due to increased industry awareness about lead-exposed construction tasks and project types following the promulgation of 1926.62, OSHA expects these new employers to design a representative monitoring program and/or benefit from recently developed industry objective data. OSHA, therefore, assumes that all new employers, with workers engaged in tasks likely to produce exposures at or above the action level, will only conduct one session of representative monitoring during their first year of doing business.

For those construction project types where all tasks typically have exposures below the action level, both existing and new employers will use objective data to support the negative initial determination to comply with the exposure assessment requirements of the Standard (Use of objective data is less burdensome and costly than conducting monitoring). Firms involved in the Commercial and Institutional Remodeling and Residential Remodeling project types use objective data since many lead-exposed remodeling jobs do not involve tasks with at or above the action level. (The burden hours associated with the Objective Data and Negative Initial Determination requirements are described below).

Due to costs and burdens associated with repeated exposure-monitoring, all firms (existing or new businesses) engaged in projects, with worker exposures at or above action level, collect representative monitoring data once per year to comply with the Initial Determination requirement without having to conduct monitoring at every worksite throughout the year. (Representative monitoring is monitoring that is representative of the exposure of each worker in the worksite who is exposed to lead.) The project types where monitoring would occur are as follows (the number of affected firms by the project type is given in parentheses):

- Highway and Railroad Bridge Repainting (505)
- Highway and Railroad Bridge Rehabilitation (67)
- Water Tank Repainting (0)
- Petroleum Tank Repainting (364)
- Underground Storage Tank Demolition (0)
- Housing Lead Abatement (Public Housing) (438)
- Commercial and Industrial Demolition (1,442)
- Indoor Industrial Facility Maintenance/Renovation (1,286)
- Outdoor Industrial Facility Maintenance/Renovation (1,651)
- Industrial Process Equipment Manufacture/Maintenance/Repair (0)
- Industrial Vacuuming (113)
- Stained Glass Window Removal (3)
- Commercial and Institutional Remodeling (20,201)
- Residential Remodeling (37,676)
- Re-insulation over Existing Mineral Wool (8,333)
- Transmission and Communication Tower Maintenance (0)

By totaling the number of affected firms by project type, OSHA estimates that each of the 67,069 firms engaged in the project types listed above conducts one session of representative monitoring

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annually to satisfy the Initial Determination requirement.

Based on industry and project type characteristics, 57,877 total firms engaged in Commercial and Institutional Remodeling (20,201 8 firms) and Residential Remodeling (37,676 firms) use in-house staff to perform exposure-monitoring since it is most cost-effective. Therefore, the burden hours and wage costs associated with representative monitoring are calculated below for the 53,924 firms engaged in these project types. The costs for analyzing the associated air monitoring samples are included in the response to Item 13.

The remaining 14,243 firms (all firms in all of the affected project types except for Commercial and Institutional Remodeling and Residential Remodeling) hire industrial hygienist contractors to perform exposure-monitoring, since it is more cost-effective. For these firms, there are no burden hours or costs associated with Item 12. The cost of purchasing industrial hygiene contractor services and the costs for analyzing the associated air monitoring samples are included in the response to Item 13.

Due to the small scale, short duration, and relative rarity of lead-exposed projects among Commercial and Institutional Remodeling and Residential Remodeling projects, OSHA concludes that it is more cost-effective for employers engaged in these projects to purchase monitoring equipment and have construction supervisors conduct the necessary exposure monitoring rather than paying industrial hygienist contractors to collect data. Performing representative monitoring and reporting results on a Commercial and Institutional Remodeling project takes three hours of a construction supervisor's time per monitoring. Performing representative monitoring and reporting results on a Residential Remodeling project takes two hours of a construction supervisor's time per monitoring.

The formula for calculating the number of representative monitoring by project type (conducted to satisfy the Initial Determination requirement) is: $(\# \text{ of affected firms by project type}) \times (1 \text{ representative monitoring/firm/year}) = \# \text{ of monitoring by project type}$.

The total burden hour formula by project type is: $(\# \text{ of monitoring by project type}) \times (\# \text{ of labor hours by project type/monitoring}) = \text{burden hours by project type}$.

The cost formula is: $(\# \text{ of monitoring by project type}) \times (\# \text{ of labor hours by project type/monitoring}) \times (\text{labor cost/hour}) = \text{cost by project type}$.

OSHA used the following specific formulas to calculate the burden and costs of this requirement for firms engaged in remodeling project types.

For firms engaged in Commercial and Institutional remodeling projects:

$(20,201 \text{ firms}) \times (1 \text{ representative monitoring/firm/year}) = 20,201 \text{ monitoring sessions}$

Burden hours: $20,201 \text{ monitoring sessions} \times 3 \text{ hours} = 60,603 \text{ hours}$

Cost: $60,603 \text{ hours} \times \$55.55 = \$3,363,467$

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For firms engaged in Residential Remodeling projects:

$(37,676) \times (1 \text{ representative monitoring/firm/year}) = 37,676 \text{ monitoring sessions}$

Burden hours: $37,676 \text{ monitoring sessions} \times 2 \text{ hours} = 75,352 \text{ hours}$

Cost: $75,352 \text{ hours} \times \$55.55 = \$4,185,804$

The total burden hours for firms engaged in Commercial and Institutional Remodeling projects and in Residential Remodeling projects is 135,955 hours (60,60348,744 hours for Commercial and Industrial Remodeling firms plus the 75,352 hours for Residential Remodeling).

Total Burden Hours for Initial Determination:

The total annual burden hours associated with the Initial Determination requirement are the sum of the total annual burden hours associated with determining the presence of lead and the total annual burden hours associated with conducting representative monitoring (102,155 hours + 135,955 hours). The total annual burden hours associated with this requirement are **238,110 hours**.

(2) Objective Data

Employers may use objective data to make an initial determination instead of performing exposure-monitoring, thereby reducing burden hours and costs. Employers whose lead-exposed operations never meet or exceed the action level have paperwork burdens for obtaining and reviewing objective data, making negative initial determinations, and keeping records of the objective data used to make negative initial determinations.

OSHA assumes that 161,156 firms engage in the following project types use objective data to demonstrate that their worst-case exposures do not meet or exceed the action level. These project types and the number of affected firms are as follows:

- Housing Lead Abatement (Private Housing) (4,984)
- In-Place Management of Lead-Based Paint (Public Housing) (52)
- In-Place Management of Lead-Based Paint (Private Housing) (4,899)
- Lead Joint Work on Cast Iron Soil Pipes (2,556)
- Installation of Radiation Shielding (8)
- Commercial and Institutional Remodeling (20,201)
- Residential Remodeling (37,676)
- Elevator Cable Babbiting (0)
- Electrical Cable Splicing (417)
- Repair/Removal of Water Lines (90,363)
- Installation of Terne Roofing (0)

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A construction supervisor at each firm spends one hour per year obtaining and reviewing objective data.

Burden hours: 161,156 firms \times 1 review \times 1 hour = 161,156 hours

Cost: 161,156 hours \times \$55.55 = \$8,944,158

(3) Protection of Employees During Assessment of Exposure

The Standard requires employers to provide certain protections for workers, in job categories specifically identified by OSHA in paragraph (d)(2) of the Standard, before determining the representative exposures of these workers. OSHA requires these protections to be provided until the employer documents that the workers are not exposed over the PEL (if new exposure-monitoring data or exposure-monitoring data no more than 12 months old shows that to be case). Suppose workers covered under (d)(2) are indeed found to be exposed below the PEL. In that case, the documentation described in this paragraph is the same documentation that is also required to satisfy the Negative Initial Determination requirement. Thus, the annual burden hours associated with preparing this documentation are attributable to the Negative Initial Determination requirement and are included below.

(4) Positive Initial Determination and Initial Monitoring

Initial exposure monitoring (representative of each affected worker's exposure) is conducted when the initial determination is positive (the employer concludes that lead exposure may be at or above the action level) unless the employer has relevant historical monitoring data from the previous 12 months. All firms use data collected from an annual representative monitoring session (as described above under Initial Determination) to satisfy this requirement as well as the Initial Determination requirement. The annual burden hours associated with this requirement are already included above.

(5) Negative Initial Determination

If the initial determination is negative (e.g., the employer concludes that no workers will be exposed at or above the action level), the employer must make a written record of that determination. Firms engaged in the following project types are covered under the scope of 1926.62 because of the presence of lead-containing materials at the worksite but make negative determinations based on objective data showing airborne lead exposures are below the action level:

- Housing Lead Abatement (Private Housing)
- In-Place Management of Lead-Based Paint (Public Housing)
- In-Place Management of Lead-Based Paint (Private Housing)
- Lead Joint Work on Cast Iron Soil Pipes

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Installation of Radiation Shielding
Commercial and Institutional Remodeling (for 85 percent of projects)
Residential Remodeling (for 97 percent of projects)
Elevator Cable Babbitting
Electrical Cable Splicing
Repair/Removal of Water Lines
Installation of Terne Roofing

Each affected firm's clerical worker takes six minutes (6/60 hour) to prepare the negative initial determination using a standardized form. The agency assumes that there are 3,671,805 lead-exposed projects annually, where exposures are less than the action level resulting in negative initial determinations.

Burden hours: $3,671,805 \text{ projects} \times 1 \text{ form} \times 6/60 \text{ hour} = 367,181 \text{ hours}$
Cost: $367,181 \times \$32.74 = \$12,021,506$

(6) Periodic Exposure Measurement

Periodic exposure-monitoring is triggered by the airborne exposure levels found on a given worksite. The frequency of periodic monitoring is determined by whether the work site exposure levels are at or below the action level but at or below PEL, or above the PEL. In addition, since the requirement to perform periodic monitoring is based on the exposure levels associated with a specific worksite, periodic monitoring only occurs if the project is of sufficient duration.

Suppose all worker exposures are at or below the action level. In that case, monitoring does not need to be repeated unless there is a change in workplace conditions that may result in workers being exposed at or above the action level. All employers capable of using objective data (to make an initial determination that exposures are at or below the action level) also have sufficient knowledge about good work practices to prevent worker exposures from meeting or exceeding the action level. Therefore, no annual burden is estimated for this requirement.

If worker exposures are at or above the action level but at or below the PEL, monitoring must be conducted every six months for the duration of the project. This situation is unlikely to happen frequently since most of the lead exposure data collected by OSHA and analyzed by project type was either: (1) very low across all data in the project type (i.e., below the action level) or (2) very high (above the PEL) across all data in a project type. This situation is rare, and therefore, no estimates are made of the amount of periodic monitoring triggered by this provision.

If worker exposures are above the PEL, monitoring must be conducted every three months (approximately 60 workdays) for the duration of the project. The following project types have exposures above the PEL, after the implementation of engineering controls, and the typical duration of such projects. (Average project duration is given in parentheses.)

Highway and Railroad Bridge Repainting (505 workdays)
Highway and Railroad Bridge Rehabilitation (67 workdays)

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Housing Lead Abatement (Public) (438 workdays)
Commercial and Industrial Demolition (1,442 workdays)
Transmission and Communication Tower Maintenance (0 workdays)

The average number of periodic monitoring per firm per project, by project type, is as follows:

Highway and Railroad Bridge Repainting – 1 monitoring
Highway and Railroad Bridge Rehabilitation – 3 monitoring sessions
Housing Lead Abatement (Public) – 1 monitoring
Commercial and Industrial Demolition – 1 monitoring
Transmission and Communication Tower Maintenance – 1 monitoring

All 2,452 firms (all firms in the project types listed above) are affected by the Periodic Monitoring requirement. OSHA further estimates there are 5,239 projects requiring periodic monitoring and 7,420 occurrences of periodic monitoring annually. However, it is most cost-effective for firms engaged in the project types listed above to arrange for industrial hygienist contractors to perform monitoring. Therefore, for these firms, there are no burden hours or costs associated with Item 12. The cost to these firms of purchasing industrial hygiene contractor services is included in Item 13, along with the cost for analyzing the associated air monitoring samples.

(7) Employee Notification of Monitoring Results

Employers are required to notify workers individually in writing or by posting the exposure assessment results. If the results are at or above the PEL, the employer must include a statement and a description of corrective measures to be taken. To determine the number of exposure-monitoring notifications, OSHA first calculated the average number of monitoring conducted per firm per year by project type. This number equals the average number of notifications per worker per year since each worker whose exposure is assessed must be notified of the results of each exposure-monitoring session.

The following formula calculates the number of notifications made per year by project: # of workers to be notified by project type) × (average # of notifications per worker per year by project type) = number of notifications per year by project type. The number of notifications per year, by project type, is then totaled to determine the total number of notifications per year across all project types. OSHA estimates there are of 91,386 notifications made annually. A clerical worker takes six minutes (6/60 hour) to post the notification annually.

Burden hours: 91,386 notifications × 6/60 hour = 9,139 hours
Cost: 9,139 hours × \$32.74= \$299,211

B. Compliance Program (§1926.62(e))

(1) Written Compliance Program

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Employers must establish and implement a written compliance program to reduce worker exposures to or below the PEL by means of engineering and work practice controls. Compliance programs must be revised and updated at least annually to reflect the current status of the

program until all worker exposures are reduced to or below the PEL solely by engineering and work practice control methods. The Standard required that compliance with this provision be achieved no later than 50 days from the Standard's effective date (June 3, 1993). Employers performing work of the following project types have worker exposures above the PEL.

- Highway and Railroad Bridge Repainting
- Highway and Railroad Bridge Rehabilitation
- Water Tank Repainting
- Petroleum Tank Repainting
- Underground Storage Tank Demolition
- Housing Lead Abatement (Public Housing)
- Commercial and Industrial Demolition
- Indoor Industrial Facility Maintenance/Renovation
- Outdoor Industrial Facility Maintenance /Renovation
- Industrial Process Equipment Manufacture/Maintenance/Repair
- Industrial Vacuuming
- Stained Glass Window Removal
- Commercial and Institutional Remodeling
- Residential Remodeling
- Re-insulation over Existing Mineral Wool
- Transmission and Communication Tower Maintenance

OSHA estimates there are 72,120 firms engaged in these project types.

(1)(a) Development of Written Compliance Program

OSHA assumes that all existing firms are complying and have already prepared their written plans. Therefore, only new firms must develop a written compliance program. To calculate the burden hours and costs, OSHA assumes that, on an annual basis, 10 percent of the total number of firms (7,212 new firms) with worker exposures above the PEL and are new entrants to the industry. OSHA estimates that a construction supervisor takes between one and eight hours to develop a written compliance program, depending on the project type involved. The formula used to derive the burden hours by project type is: (# of new firms) × (1 program/firm) × (# of hours of labor time/program/project type) = burden hours by project type. The burden hours by project type are totaled to derive the total burden hours for this requirement. The annual total burden hours for this requirement are 15,827 hours.

Burden hours:	7,212 new firms x 1 program/firm x 2.196 hours = 15,827 hours
Cost:	15,827 hours × \$55.55 = \$879,190

(1)(b) Annual Review of the Written Compliance Program Review

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All 72,120 firms, which include new firms, have some workers with exposures above the PEL requiring firms to review their written compliance plans annually. A construction supervisor spends half the amount of time reviewing rather than developing a written compliance plan (i.e., between 30 minutes and four hours). The formula for the annual review of compliance plans is as follows: (number of firms) × (time per review firm/project type) × (1 review a year) = burden hours by project time. The burden hours by project type were totaled to determine the total burden hours across all project times. The annual total burden hours for this requirement are 79,977 hours.

Burden hours:	72,120 firms x 1 annually x 1.109 hours = 79,977 hours
Cost:	79,977 × \$55.55 = \$4,442,722

Total Burden and Costs of Written Compliance Program Requirement

The total annual burden hours for the Written Compliance Program requirement are 95,804 **hours**; 15,827 hours for developing new compliance programs, plus 79,977 hours for annual review of existing compliance programs.

(2) Administrative Controls

The Lead in Construction Standard permits the use of worker rotation to control exposure to lead. Employers who make use of worker rotation as an administrative control must establish a job rotation schedule as part of the written compliance program. Only employers performing project types involving abrasive blasting tasks are likely to establish and implement job rotation schedules due to the unusually high levels of airborne lead associated with that activity.

Although there may be other construction project types where worker rotation may occur, OSHA has no indication of the number of employers or workers who may be involved and believes that the use of rotation as an administrative control is rare among employers engaged in other project types and tasks.

The following five project types involve abrasive blasting tasks (the number of affected firms is given in parentheses):

- Highway and Railroad Bridge Repainting (505)
- Water Tank Repainting (0)
- Petroleum Tank Repainting (364)
- Indoor Industrial Facility Maintenance/Renovation (1,286)
- Outdoor Industrial Facility Maintenance/Renovation (1,651)

By summing the number of firms affected in each of the five project types, OSHA estimates a total of 3,806 firms utilize worker rotation as an administrative control. Developing the required job rotation schedules takes no more than one hour of construction supervisor time per firm per year. Therefore, the formula for calculating total annual burden hours is:

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Burden hours:	$3,806 \text{ firms} \times 1 \text{ hour} = 3,806 \text{ hours}$
Cost:	$3,806 \text{ firms} \times \$55.55 = \$211,423$

(3) Notification of Other Onsite Employers

The Lead in Construction Standard 's compliance program elements contain a reference to 1926.16 (Rule of Construction), which requires that the written program include a description of the arrangements made among contractors on multi-contractor sites to inform affected workers of potential exposure to lead and respect to responsibility for compliance with the Lead Standard. No burden hours have been attributed for contractors notifying other contractors about the potential for exposure to lead since prime contractors customarily notify subcontractors of all conditions relevant to performing subcontracted work. The annual burden associated with documenting these compliance arrangements is included in the estimated burden hours for developing the written compliance program given above.

(4) Submission of Written Compliance Programs

The Standard requires that written compliance programs must be submitted upon request to any affected worker or authorized worker representatives to OSHA and NIOSH and must be available at the worksite for examination and copying by OSHA and NIOSH. OSHA assumes that if there is full compliance with the Standard, workers will not request access to the written compliance program since employers must train workers in the contents of the compliance plan to comply with paragraph (1) of 1926.62. Therefore, no burden was estimated for worker access. The annual burden associated with the submission of written compliance programs to OSHA and NIOSH is discussed in the "Federal Access to Records" requirements below.

OSHA has determined that the requirement for employers to make information available upon request to the Assistant Secretary is also not a collection of information; OSHA typically requests access to information during an inspection, and information collected by the agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). 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 burden for the employer to make this information available to NIOSH is zero.

C. Respirator Program (§1926.62(f))

OSHA takes the burden of written respirator procedures, emergency use respirators, and fit-testing in the ICR for the Respiratory Protection Standard, OMB Control Number 1218-0099, Exp. Date 2/28/2025.

D. Notifying the Laundry (§1926.62(g))

The Lead in Construction Standard requires employers to provide workers exposed to lead above the PEL with protective work clothing and equipment. Employers supplying such clothing and

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equipment must inform, in writing, those persons responsible for cleaning and laundering the protective clothing and equipment about the hazards of lead. OSHA assumes workers of the affected firms clean the protective equipment. Therefore, the notification process is part of the Hazard Communication training given to the workers responsible for such duties since the employer must provide workers with information (such as a safety data sheet) about the hazards of lead to comply with that Standard (§ 1926.59). Therefore, no burden is taken for this requirement.

OSHA estimates that 72,120 firms provide protective clothing and equipment to their workers. Each of these firms contracts out the cleaning of protective clothing to a single commercial laundry service on an annual basis. OSHA estimates that notifying the laundry of the potentially harmful effects of exposure to lead requires six minutes (6/60 hours) of clerical time, per firm per year.

Burden hours:	$72,120 \text{ firms} \times 1 \text{ notification} \times 6/60 \text{ hours} = 7,212 \text{ hours}$
Cost:	$7,212 \text{ hours} \times \$32.74 = \$236,121$

E. Medical Surveillance (§1926.62(j))

The Lead in Construction Standard requires employers to provide initial medical surveillance to any worker occupationally exposed on any day to lead at or above the action level. Initial medical surveillance consists of a single session of biological monitoring. The Standard further requires employers to establish a medical surveillance program for all workers who are or may be exposed by the employer at or above the action level for more than 30 days in any consecutive 12 months. The medical surveillance program includes a regular schedule of biological monitoring. Other medical surveillance provisions include requirements for medical examinations and consultations, notification of the multiple physician review option, provision of information to physicians, written medical opinions, and written chelation notification.

OSHA assumes, given the implementation of the engineering controls and respirators necessary to comply with the Standard, that the blood-lead levels of construction workers do not exceed 25 micrograms per deciliter ($\mu\text{g}/\text{dl}$)¹¹. This conclusion is relevant to the development of the burden estimates presented below since many of the medical surveillance requirements in §1926.62 are triggered by elevated blood-lead levels. (It should be noted that this conclusion is based on the nature of exposure pattern in the construction industry. Unlike worker in manufacturing facilities covered under the General Industry Lead Standard, most construction workers are not exposed to lead daily throughout an entire work year.)

(1) Biological Monitoring

Employers are required to provide biological monitoring to the following categories of workers:

¹¹To estimate the benefits associated with the Lead in Construction Standard, OSHA relied on two contractor reports prepared by Meridian Research, Inc.: “Assessment of Potential Benefits Associated with the Interim Final Standard for Lead in Construction” and “Quantitative Assessment of the Risk Associated with Exposure to Lead in Construction Industry: Selected Toxicologic Endpoints (Peer Review Draft Report).”

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- Initial medical surveillance consisting of a single blood test (analyzed for lead and zinc protoporphyrin levels) for workers exposed on any day to lead at or above the action level;
- Periodic medical surveillance consisting of regularly scheduled blood tests (analyzed for lead and zinc protoporphyrin levels) as part of a medical surveillance program for all workers exposed at or above the action level more than thirty days per year. These tests are to be administered at least every two months for the first six months of employment and every six months thereafter.
- Additional blood tests for all workers exposed at or above the action level whose last blood sampling and analysis indicated a blood-level at or above 40 µg/dl. These tests are to be administered at least every two months until two consecutive blood test results indicate a blood-lead level below 40 µg/dl;
- Follow-up blood tests for workers removed from exposure to lead due to an elevated blood-lead level (at or above 50µg/dl). These tests are to be administered within two weeks after the employer receives the results of the first blood sampling test; and
- Additional blood tests for workers removed from exposure to lead due to an elevated blood-lead level (50 µg/dl or more). These tests are to be administered at least monthly during the removal period.

All biological monitoring tests must be performed by, or under the supervision of, a licensed physician. (Blood-lead samples are often collected by occupational health nurses or other qualified health-care practitioners). Because construction firms do not typically have health care professional on staff, employers will purchase biological monitoring services. The costs of biological monitoring tests are taken under Item 13.

(1)(a) Initial Medical Surveillance

The Standard requires that all workers exposed at or over the action level be provided with initial medical surveillance consisting of a single blood test (analyzed for blood-lead and zinc protoporphyrin levels) offered on a one-time basis. Employers in the following project types have workers exposed at or above the action level on at least one day per year:

Highway and Railroad Bridge Repainting
Highway and Railroad Bridge Rehabilitation
Water Tank Repainting
Petroleum Tank Repainting
Underground Storage Tank Demolition
Housing Lead Abatement (Public Housing)
Commercial and Industrial Demolition
Indoor Industrial Facility Maintenance/Renovation

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Outdoor Industrial Facility Maintenance/Renovation
Industrial Process Equipment Manufacture/Maintenance/Repair
Industrial Vacuuming
Stained Glass Window Removal
Commercial and Institutional Remodeling
Residential Remodeling
Re-insulation over Existing Mineral Wool
Transmission and Communication Tower Maintenance

Since the Standard took effect in 1993, all existing workers exposed at or above the action level have been given initial medical surveillance. Therefore, only new workers will need to have initial medical surveillance. OSHA estimates that, on an annual basis, there are 158,442 workers exposed at or above the action level on at least one day per year (736,845 total workers x 21.5% = 158,442 workers above action level).¹² OSHA assumes that 39.0 percent of these workers are new workers based on the average turnover rate of 39.0 percent for workers in the affected construction sectors.¹³ OSHA, therefore, estimates that there are approximately 61,785 new hires, each worker receiving an initial test (158,442 al workers x 39% turnover rate = 61,785 new hires). The blood sampling used to obtain the blood lead and zinc protoporphyrin levels requires 15 minutes (15/60 hours) of the worker's time per test. The worker wage rate, including benefits, is \$42.00. The following formula calculates the annual burden of this requirement:

Burden hours:	$61,785 \text{ workers} \times 1 \text{ initial test} \times 15/60 \text{ hours} = 15,446 \text{ hours}$
Cost:	$15,446 \text{ hours} \times \$42.00 = \$648,732$

(1)(b) Periodic Medical Surveillance

The Standard requires employers to provide more frequent biological monitoring as part of a medical surveillance program to workers who are exposed at or above the action level on 30 or more days per year. Employers in the following project types have workers exposed at or above the action level for 30 or more days per year:

Highway and Railroad Bridge Repainting
Highway and Railroad Bridge Rehabilitation
Water Tank Repainting
Petroleum Tank Repainting
Housing Lead Abatement (Public Housing)
Commercial and Industrial Demolition
Indoor Industrial Facility Maintenance/Renovation

¹²The 2006 ICR estimated that 21.5% of all workers employed in these project types were exposed above the action level on at least one day per year (158,442 of a total 736,845). The Agency applied this ratio to the updated total employment in these project types (736,845) to determine the current number of workers exposed at or above the action level.

¹³ Bureau of Labor Statistics (BLS), 2024. Job Openings and Labor Turnover Survey (JOLTS), Total Separations Rate for the Construction Industry. Available at <http://www.bls.gov/jlt/data.htm>. (Accessed November 2024).

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Outdoor Industrial Facility Maintenance/Renovation
Industrial Process Equipment Manufacture/Maintenance/Repair
Stained Glass Window Removal
Transmission and communication Tower Maintenance

OSHA estimates that 41,157 workers are eligible for periodic medical surveillance on an annual basis (excluding the estimated number of part-year workers).¹⁴ The frequency associated with this testing is every two months for the first six months of employment and then every six months for as long as the worker continues to be exposed at or above the action level for 30 or more days per year and remain employed by the employer. Thus, in the first year of employment, workers receive four sessions of biological monitoring (at months 2, 4, 6, and 12). After the first year of employment, workers are monitored semi-annually (at months 6 and 12). Because new workers receive two sessions of biological monitoring per year, OSHA calculated the annual burden associated with this requirement separately for new and existing workers.

An estimated 16,051 new hires (39.0 percent of 41,157 workers) receive four biological monitoring tests per year (for a total of 64,204 tests) in addition to the initial medical surveillance given once to all workers exposed at or above the action level on at least one day per year. The blood sampling requires 15 minutes (15/60 hours) of the worker's time per test. OSHA uses the following formula to calculate the annual burden of this requirement.

Burden hours: $16,051 \text{ workers} \times 4 \text{ tests} \times 15/60 \text{ hours} = 16,051 \text{ hours}$
Cost: $16,051 \text{ hours} \times \$42.00 = \$674,142$

OSHA assumes that 25,106 workers, or 61.0 percent of the 41,157 workers eligible to receive periodic medical surveillance, are full-year workers. Eligible full-year workers receive two biological monitoring tests per year, for a total of 50,212 tests.

Burden hours: $25,106 \text{ full-year workers} \times 2 \text{ tests} \times 15/60 \text{ hours} = 12,553 \text{ hours}$
Cost: $12,553 \text{ hours} \times \$42.00 = \$527,226$

An additional 8,026 part-year workers (19.5 percent or 1/2 of the 39.0 percent annual turnover rate) receive at least one of the two biological monitoring tests, since departing workers leave at an even rate throughout the year ($41,157 \text{ workers} \times 19.5\% = 8,026 \text{ part-time workers}$). Thus, 8,026 tests are given to part-year workers. A blood sampling requires 15 minutes (15/60 hours) of the worker's time per test.

Burden hours: $8,026 \text{ part-year workers} \times 1 \text{ test} \times 15/60 \text{ hours} = 2,007 \text{ hours}$
Cost: $2,007 \text{ hours} \times \$42.00 = \$84,294$

Total Burden of Periodic Medical Surveillance Requirement

¹⁴The 2006 ICR estimated that 87.2% of all workers employed in these project types were eligible for periodic medical surveillance on an annual basis (70,805 of a total 81,231). The Agency applied this ratio to the updated total employment in these project types (47,198 ??) to determine the current number of workers eligible for periodic medical surveillance.

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OSHA calculated the total annual burden of providing periodic medical surveillance to new workers to the total annual burden of providing periodic medical surveillance to full-year and part-year workers (16,051 hours + 12,553 hours + 2,007 hours). The total annual burden associated with the Periodic Medical Surveillance requirement is 30,611 hours.

Additional Medical Surveillance Based on Blood-Lead Levels

As described above, OSHA assumes employers comply with the Standard; therefore, construction workers do not have blood-lead levels greater than 25µg/d. Therefore, there are no incidences of biological monitoring triggered by worker blood-lead levels in excess of 40 µg/dl, no follow-up tests on workers triggered by a single blood lead test result in excess of 50 µg/dl, and no additional testing for persons on medical removal due to a blood-lead level in excess of 50 µg/dl.

(2) Worker Notification of Results

Employers must notify each worker of his or her blood-lead level in writing within five working days of receiving biological monitoring results. The Standard requires employers to notify each worker whose blood-lead level exceeds 40µg/dl and provides temporary medical removal with medical removal protection benefits when a worker's blood-lead level exceeds 50 µg/dl.

OSHA estimates that 184,227 biological monitoring tests are administered annually based on the following calculations:

(61,785 new workers) × (1 initial test) = 61,785 tests
(16,051 new workers) × (4 periodic tests) = 64,204 tests
(25,106 full-year workers) × (2 periodic tests) = 50,212 tests
(8,026 part-year workers) × (1 periodic test) = 8,026 tests

A supervisor takes six minutes (6/60 hours) to provide notification results to the affected worker. This notification includes the physician's written medical opinion (described below).

Burden hours: 184,227 tests × 1 notification × 6/60 hours = 18,423 hours
Cost: 18,423 hours × \$55.55 = \$1,023,398

(3) Medical Examinations and Consultations

The employer is required to provide medical examinations and/or consultations to the following categories of workers:

Workers exposed at or above the action level more than thirty days per year with blood-lead levels at or above 40µg/dl.

Workers with signs or symptoms associated with lead intoxication:

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Workers desiring medical advice about the interaction of lead exposure and reproductions;

Workers who are pregnant;

Workers experiencing difficulty in breathing during a respirator fit test or during use and

Workers medically removed from lead exposure or limited by a final medical determination.

Consistent with the assumptions above, OSHA assumes there are no medical examinations required because of worker blood-lead levels in excess of 40 µg/dl and no medical removal associated with worker blood-lead levels in excess of 50 µg/dl since no workers are expected to have blood-lead levels above 25 µg/dl if full compliance with 1926.62 is achieved. OSHA does not have data on the annual number of workers given medical examinations due to signs or symptoms associated with lead intoxication, desire for advice about reproductive issues, pregnancy, or difficulties with respirators.

Therefore, OSHA assumes that no more than 5 percent or 7,921 of the 158,422 workers exposed at or above the action level on any one day (and thus eligible for biological monitoring due to significant airborne lead exposure) will be given a medical examination or consultation.

All medical examinations and procedures must be performed by or under the supervision of, a licensed physician. Because construction firms do not typically have a healthcare professional on staff, employers will purchase physician services. The costs of medical examinations are in Item 13. Medical examinations require workers earning \$42.00 an hour to be away from their workstations for approximately two hours.

Burden hours:	$7,921 \text{ workers} \times 1 \text{ examination/year} \times 2 \text{ hours} = 15,842 \text{ hours}$
Cost:	$15,842 \text{ hours} \times \$42.00 = \$665,364$

(4) Notification of Multiple Physician Review Option

The Lead in Construction Standard requires that each employer promptly notify each worker of his or her right to seek a second medical opinion after each occasion during which a physician conducts a medical examination or consultation. This requirement can be fulfilled by including a photocopy of such notification with the physician's written examination. OSHA estimates that including this notification form takes no more than one minute (1/60 hour) of supervisor time per notification. OSHA estimates there are 7,921 medical examinations annually.

Burden hours:	$7,921 \times 1 \text{ notification/exam} \times 1/60 \text{ hours} = 132 \text{ hours}$
Cost:	$132 \text{ hours} \times \$55.55 = \$7,333$

(5) Information Provided to Examining/Consulting Physicians

Employers must provide the physician conducting a medical examination or consultation with

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the following information: a copy of the Standard and appendices; a description of the worker's lead-exposed duties; the worker's exposure level; a description of the personal protective equipment used; prior blood-lead test results; and any prior written medical opinions concerning the worker in the employer's control. OSHA estimates 15 minutes (15/60 hours) of supervisor time per examination is needed.

Burden hours:	$7,921 \text{ exams} \times 15/60 \text{ hours per examination} = 1,980 \text{ hours}$
Cost:	$1,980 \times \$55.55 = \$109,989$

(6) Physician's Written Medical Opinion

Employers must obtain a written medical opinion from the supervising, examining, or consulting physician for each session of biological monitoring, medical examination, or consultation and provide it to the affected worker.

(6)(a) Preparation of the Written Medical Opinion

No burden hours are associated with this requirement since most physicians are not workers of the affected construction firms. The costs for preparing the written medical opinion are included in the costs of the biological monitoring, medical examination, or consultation services. The cost of these services is presented in the response to Item 13.

(6)(b) Provision of the Written Medical Opinion

A supervisor worker takes six minutes (6/60 hours) per test or examination to provide the affected worker a copy of the physician's written medical opinion. However, the burden associated with providing written medical opinions for biological monitoring results is in the discussion of the Employee Notification requirement. Therefore, to avoid double-counting, the number of burden hours presented here is only for those written opinions generated by medical examinations.

Burden hours:	$7,921 \text{ exams} \times 1 \text{ notification/exam} \times 6/60 \text{ hours} = 792 \text{ hours}$
Cost:	$792 \text{ hours} \times \$55.55 = \$43,996$

(7) Chelation Notification

If therapeutic or diagnostic chelation is performed on a lead-poisoned worker, the worker must be notified in writing before the occurrence of the chelation. In general, chelation is only performed in severe cases of lead intoxication. If employers are in full compliance with the Standard, workers should not experience blood-lead levels high enough to require therapeutic or diagnostic chelation to be performed. Therefore, no annual burden has been estimated for this requirement.

G. Recordkeeping (§ 1926.62 (n))

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(1) Exposure Monitoring Records

The Standard requires employers to establish and maintain an accurate record of all monitoring and other data in conducting worker exposure assessments. As described above, 72,120 firms with worker exposures above the PEL conduct one session of representative monitoring per year for a total of 72,120 representative monitoring per year. OSHA also estimates that 5,239 firms conduct, and the 2,181 firms equals a total of 7,420 periodic monitoring per year. Thus, there are 79,540 exposure monitoring per year for which records are kept. OSHA estimates that establishment and maintenance of worker monitoring records requires approximately six minutes (6/60 hours) of clerical time per record. The total annual burden for this requirement is derived using the following formula:

Burden hours:	$79,540 \text{ records} \times 6/60 \text{ hours} = 7,954 \text{ hours}$
Cost:	$7,954 \text{ hours} \times \$32.74 = \$260,414$

(2) Medical Surveillance Records

Employers must establish and maintain an accurate record of medical surveillance results for each worker subject to medical surveillance. The number of records to be established and maintained is the sum of the number of sessions of biological monitoring administered each year and the number of medical examinations administered each year. The following annual number of tests and exams are provided as described above: 184,227 biological monitoring tests and 7,921 exams. OSHA estimates that approximately six minutes (6/60 hours) of supervisor time per record is required to establish and maintain worker medical surveillance records.

Burden hours:	$192,148 \text{ monitoring \& exam records} \times 6/60 \text{ hours} = 19,215 \text{ hours}$
Cost:	$19,215 \times 55.55 = \$1,067,393$

(3) Medical Removal Records

The Standard requires employers to establish and maintain an accurate record for each worker subject to medical removal. However, OSHA assumes employers are in full compliance; therefore, no worker will need to be medically removed, and no medical removal records are created. Therefore, the agency attributed no hours to this provision.

(4) Objective Data Records

The Standard requires employers to establish and maintain records of the objective data relied upon to make initial determinations. A construction supervisor completes a standardized form for each project where objective data is used to make a negative initial determination. The completed form identifies the objective data being used and lists the reasons supporting the employer's conclusion that the objective data is appropriate for use in characterizing exposures at the specific work site. Preparation of this form takes six minutes (6/60 hours) of a construction supervisor's time per affected project. OSHA estimates there are approximately 3,671,805 lead-exposed projects per year where objective data is used to make a negative initial determination.

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Burden hours: 3,671,805 projects \times 6/60 hours = 367,181 hours
Cost: 367,181 hours \times \$55.55 = \$20,396,905

(5) Employee Access to Records

The Standard requires employers to make available, upon request, the written compliance program, the training materials, and records required to be maintained under paragraph (n) (Recordkeeping), to affected workers, former workers, and the designated representatives. Workers will not request access to the written compliance program or the training program material since all workers exposed at or above the action level receive training covering the content of the training program, and the training must include an explanation of the contents of the written compliance program. Therefore, workers will only request access to their exposure-monitoring, medical, and/or medical removal records. OSHA assumes that approximately 10 percent, or 15,842 workers, of the 158,422 workers for whom exposure-monitoring and biological monitoring records are generated will request access to these records each year. OSHA estimates a clerk takes 15 minutes (15/60 hours) to provide access to records.

Burden hours: 15,842 requests \times 15/60 hours = 3,961 hours
Cost: 3,961 hours \times \$32.74 = \$129,683

A summary of the estimated annualized respondent burden and cost is presented in Table 2.

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Table 2 - Summary of Estimated Annualized Respondent Hours and Cost Burden								
Collection of Information								
	Type of Respondent (Employer)	No. of Respondents*	Responses per Respondent	Total Responses	Time per Response (in hours)	Burden Hours	Loaded Hourly Wage Rate	Burden Costs
		(A)	(B)	C = A*B	(D)	E = C*D	(F)	G = E*F
(A) Exposure Monitoring								
Initial Determination								
Initial Exposure Measurement (lead detection swabs)	Supervisor	175,399	2.329665506	408,621	15/60	102,155	\$55.55	\$5,674,710
Commercial and Institutional remodeling projects (Firms)	Supervisor	20,201	1	20,201	3	60,603	\$55.55	\$3,363,467
Residential Remodeling projects	Supervisor	37,676	1	37,676	2	75,352	\$55.55	\$4,185,804
Initial Determination Subtotal				466,498		238,110		\$13,223,981
Objective Data	Supervisor	161,156	1	161,156	1	161,156	\$55.55	\$8,944,158
Negative Initial Determination	Clerical	175,399	20.9340133	3,671,805	6/60	367,181	\$32.74	\$12,021,506
Periodic Exposure Measurement (Item 13 Cost)	Supervisor	0	1	0	1	0	\$52.46	\$0.00

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Table 2 - Summary of Estimated Annualized Respondent Hours and Cost Burden								
Collection of Information								
	Type of Respondent (Employer)	No. of Respondents*	Responses per Respondent	Total Responses	Time per Response (in hours)	Burden Hours	Loaded Hourly Wage Rate	Burden Costs
		(A)	(B)	C = A*B	(D)	E = C*D	(F)	G = E*F
Employee Notification of Monitoring Results	Clerical	91,386	1	91,386	6/60	9,139	\$32.74	\$299,211
Subtotal				3,924,347		537,476		\$21,264,875
(B) Compliance Program								
<i>Develop Plan</i>	Supervisor	7,212	1	7,212	2.194564	15,827	\$55.55	\$879,190
<i>Annual Review of Plan</i>	Supervisor	72,120	1	72,120	1.108949	79,977	\$55.55	\$4,442,722
Compliance Plan Subtotal				79,332		95,804		\$5,321,912
(2) Administrative Controls	Supervisor	3,806	1	3,806	1	3,806	\$55.55	\$211,423
(D) Notifying the Laundry	Clerical	72120	1	72,120	6/60	7,212	\$32.74	\$236,121
Subtotal				75,926		11,018		\$447,544
(E) Medical Surveillance								
Initial Medical Examination	Worker	61,785	1	61,785	15/60	15,446	\$42.00	\$648,732
Periodic Medical Examinations								
<i>Periodic Medical Examination (New Hires)</i>	Worker	16,051	4	64,204	15/60	16,051	\$42.00	\$674,142
<i>Biological monitoring</i>								
<i>Periodic Medical</i>	Worker	25,106	2	50,212	15/60	12,553	\$42.00	\$527,226

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Table 2 - Summary of Estimated Annualized Respondent Hours and Cost Burden								
Collection of Information								
	Type of Respondent (Employer)	No. of Respondents*	Responses per Respondent	Total Responses	Time per Response (in hours)	Burden Hours	Loaded Hourly Wage Rate	Burden Costs
		(A)	(B)	C = A*B	(D)	E = C*D	(F)	G = E*F
<i>Examination (Full year) Biological monitoring</i>								
<i>Periodic Medical Examination (Part year) Biological Monitoring</i>	Worker	8,026	1	8,026	15/60	2,007	\$42.00	\$84,294
Periodic Medical Examinations Subtotal				184,227		30,611		\$1934,394
Worker Notification of blood-lead level	Supervisor	175,399	1.72111996	184,227	6/60	18,423	\$55.55	\$1,023,398
Medical Examinations and Consultation	Worker	7,921	1	7,921	2	15,842	\$42.00	\$665,364
Notification of Multiple Physician Review Option	Supervisor	7,921	1	7,921	1/60	132	\$55.55	\$7,333
Information Provided to the Physician	Supervisor	7,921	1	7,921	15/60	1,980	\$55.55	\$109,989
Provision of the Written Medical Opinion	Supervisor	7,921	1	7,921	6/60	792	\$55.55	\$43,996
				215,911		37,169		\$1,850,080
Recordkeeping								
Exposure Monitoring Records	Clerical	79,540	1	79,540	6/60	7,954	\$32.74	\$260,414
Medical Surveillance Records	Supervisor	175,399	1.77458882	192,148	6/60	19,215	\$55.55	\$1,067,393

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Table 2 - Summary of Estimated Annualized Respondent Hours and Cost Burden								
Collection of Information								
	Type of Respondent (Employer)	No. of Respondents*	Responses per Respondent	Total Responses	Time per Response (in hours)	Burden Hours	Loaded Hourly Wage Rate	Burden Costs
		(A)	(B)	C = A*B	(D)	E = C*D	(F)	G = E*F
Medical Removal Records	Supervisor	0	0	0	0	0	\$52.46	\$0
Objective Data Records	Supervisor	175,399	20.9340133	3,671,805	6/60	367,181	\$55.55	\$20,396,905
Employee access to Records	Clerical		1	15,842	15/60	3,961	\$32.74	\$129,683
				3,959,335		398,311		\$21,854,395
TOTALS		175,399	--	8,905,576	--	1,348,499	--	\$65,897,237

*The number of respondents is 175,399. The number of responses is unduplicated.

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- 13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Item 12 and 14).**

The cost estimate should be split into two components: (a) a total capital and startup 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 of 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 collection services should be a 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 rule making 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.

Explanation of Method of Estimating Costs

The assumptions used in calculating the cost estimates are based on information in the Regulatory Impact Analysis for the Lead in Construction Standard and three supporting contractor reports. The three supporting contractor reports are: (1) “Economic Analysis of OSHA’s Interim Final Standard for Lead in Construction” prepared by CONSAD Research Corporation in April 1993; (2) “Assessment of Potential Benefits Associated with the Interim Final Standard for Lead in Construction” (Appendix D of the CONSAD report) prepared by Meridian Research, Inc. in April 1993; and (3) “Quantitative Assessment of the Risks Associated with Exposure to Lead in the Construction Industry: Selected Toxicologic Endpoints (Peer Review Draft Report)” prepared by Meridian Research, Inc. in August 1992. Updated costs for industrial hygienists’ services, exposure-monitoring equipment, and lead detection swabs are based on recent ERG reviews of industry pricing.

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(A) Exposure-monitoring (§ 1926.62(d))

1. Initial Determination

As discussed above in the response to Items 12, OSHA assumes that employers engaged in fifteen of the twenty-five affected project types use a chemical identification test method (lead-detection swabs) to make determinations about the presence of lead on particular work sites. OSHA estimates that 408,621 projects per year are tested to determine whether lead was present. These tests are performed by construction supervisors working for the affected firms. Therefore, the wage cost attributable to this requirement is taken under Item 12. The cost of purchasing the lead detection swabs is taken in this section.

Lead detection swabs range in cost from \$4.26 to \$4.26 per swab depending upon the quantity purchased. The lower cost assumes the purchase of pack containing eight swabs for \$34.04, while the higher cost assumes the purchase of one pack containing 2 swabs for \$8.51. Assuming 4-8 swabs are used on the average project (where lead detection is deemed necessary), test swabs are estimated to cost \$25.56 per project (this number is based on the average of 6 packs per project, which is \$34.04 minus 8.51 equals \$25.56).¹⁵

Cost: $408,621 \times \$25.56 \text{ per project} = \$10,444,353$

2. Monitoring Conducted for the Initial Determination

The Standard requires employers to determine whether any worker will be exposed to lead at or above the action level. This determination may be made based on (1) new exposure-monitoring, (2) relevant exposure-monitoring data collected by the employer within the previous 12 months (historical monitoring data), or (3) objective data showing the worst-case exposures will be below the action level. As described above under the discussion associated with Item 12, due to the costs and burdens associated with repeated exposure-monitoring, all firms engaged in projects with worker exposures at or above the action level will collect representative monitoring data so the firms can make initial determinations without the need to conduct monitoring at every worksite throughout the year.

OSHA estimates that 72,120 firms conduct one session of representative monitoring annually to satisfy the initial determination requirement and that there are 72,120 representative monitoring sessions per year.

As discussed in the response to Item 12, OSHA assumes that 14,243 firms contract with industrial hygiene consultants to collect representative exposure-monitoring data. Different

¹⁵According to Home Depot, the price for a packet containing 2 lead detection swabs was \$11.47 (<http://www.homedepot.com/p/3M-LeadCheck-Instant-Lead-Test-Swabs-2-Pack-LC-2SDC6/203313743>), while according to Ace Hardware, the price for a packet containing 8 lead detection swabs was \$36.99 (<https://www.acehardware.com/departments/lighting-and-electrical/electrical-tools/meters-and-testers/5492251>).

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assumptions were made concerning monitoring for the 57,877 Commercial and Institutional Remodeling and Residential Remodeling projects (“Remodeling” projects). For these firms, the cost of the Initial Determination requirement that are included in the response under this section consist of the cost for contracted industrial hygienist services and the cost of laboratory analysis of the air monitoring samples collected by the industrial hygienists.

All Projects Except Remodeling Projects

Each of the 14,243 firms conducts one representative monitoring per year, for an annual total of 14,243 monitorings across the thirteen project types. OSHA assumes eight hours of an industrial hygienist contractor’s time is needed to collect representative monitoring data and four hours of an industrial hygienist contractor’s time is needed to prepare a report documenting the results of the exposure monitoring. Therefore, OSHA assumes a total of 12 hours of labor time associated with each representative monitoring. Contracting outside industrial hygienist services costs approximately \$91.79 per hour.¹⁶ Thus, by project type, the labor cost formula is: (# of monitoring by project type) × (12 industrial hygienist labor hours/monitoring) × (\$91.79/hour of industrial hygienist labor).

Cost: 14,243 monitorings × 12 hours industrial hygienist labor × \$91.79 /hour of industrial hygienist labor) = **\$15,688,380**

The cost of laboratory analysis of the samples for the 14,243 firms is \$30 per project type sample collected.¹⁷ The average number of samples collected per monitoring was assumed to vary by project type from 2 samples to 16 samples per monitoring. Thus, the analytical cost formula is: (# of monitoring by project type) × (9 samples/monitoring/by project type) × (\$39/sample) = analytical cost by project type.

Cost: 14,243 firms x \$30.00 per sample x (9 samples/monitoring/by project type) = **\$3,845,610**

Remodeling Projects

¹⁶According to Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2021, the hourly wage for 19-5011 Occupational Health and Safety Specialists and 19-5012 Occupational Health and Safety Technicians were \$41.14 and \$30.89 respectively (<http://www.bls.gov/oes/tables.htm>). The sum of these hourly wages was inflated by 31.1% which is the benefit as a percentage of employee compensation for civilian workers. This is based on Bureau of Labor and Statistics, Employer Costs for Employee Compensation – December 2024 [Employer Costs for Employee Compensation - September 2024](#)

¹⁷ Galson Laboratories, 2022. Sampling & Analysis Guide. Available at <http://www.galsonlabs.com/samplinganalysis/sampling-analysis-guide/> (Accessed June 21, 2022).
Used the average cost (\$39) of Analytical Technique – ICP/AES (Collection Medium: 37MCE 0.8 or 25MCE 0.8 (\$37), Collection Medium: Lead Wipe (\$37), Collection Medium: Paint (\$37), Collection Medium: Gauze Wipe (\$37), Collection Medium: 8X10 GFF (\$37)), and Analytical Technique – ICP/MS (Collection Medium: 37MCE 0.8 or 25MCE 0.8 (\$43)).

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OSHA assumes that 57,877 firms engaged in Commercial and Institutional Remodeling (20,201 firms) and Residential Remodeling (37,676 firms) have a construction supervisor conduct representative exposure-monitoring since this is cost-effective for these firms given the small scale, short duration, and relative rarity of lead-exposed remodeling projects. For firms engaged in Commercial and Institutional Remodeling and Residential Remodeling, the cost of the Initial Determination requirement attributable under this section consists of purchasing exposure-monitoring equipment, and the cost of laboratory analysis of the air monitoring samples collected by construction supervisors.

The cost of laboratory analysis of the samples for the Commercial and Institutional Remodeling and Residential Remodeling projects type was assumed to be \$30 per sample collected. The estimated average number of samples collected per representative monitoring on a Commercial and Industrial Remodeling project is 3 samples. The estimated average number of samples collected on a Residential Remodeling job is 2 samples. These estimates were based on the number of distinct lead-exposed activities and average crew sizes associated with these project types. Thus, by project type, the analytical formula is: (# of monitoring by project type) × (# of samples/monitoring) × (\$30/sample) = analytical cost by project type. The costs by project type were then totaled to derive the total costs for both project types. The total cost of laboratory analysis for firms engaged in Commercial and Institutional Remodeling and Residential Remodeling was thus estimated to be **\$4,078,650**.

Firms in Commercial and Institutional Remodeling:

Cost: 20,201 exposure-monitoring x 3 samples x \$30 = \$1,818,090

Firms in Residential Remodeling:

Cost: 37,676 exposure-monitoring x 2 samples x \$30 = \$2,260,560

Total Cost for Monitoring = \$4,078,650

OSHA assumes that firms performing Commercial and Institutional Remodeling and Residential Remodeling projects purchase their own air monitoring equipment. On average, each firm purchases two air monitoring pumps, a pump charger, two hose/clip assemblies, two filter holders, and one digital calibrator to perform representative monitoring, based on a useful life of 5 years for pumps and related accessories and a discount rate of 7 percent.

The formula used to calculate the total annualized cost of purchasing monitoring equipment was: (# of firms) × (Total annualized equipment cost per firm) = total annualized cost. Thus, multiplying the total estimate of 57,877 firms engaged in Commercial and Institutional Remodeling and Residential Remodeling by the total annualized equipment cost of \$518.25 per firm gives an annual cost of **\$29,994,755** associated with the purchase of monitoring equipment.

Cost: 57,877 firms x \$518.25 per firm = \$29,994,755

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Task	No. of Projects	Cost
Industrial hygiene labor	14,243 projects	\$15,688,380
Laboratory analysis	14,243 projects	\$3,845,610
Laboratory analysis	57,877 remodeling projects	\$4,078,650
Purchasing monitoring equipment	57,877 remodeling projects	<u>\$29,994,755</u>
Total		\$53,607,395

3. Periodic Exposure Measurement

Periodic exposure-monitoring is triggered by the airborne exposure levels found on a given worksite. The frequency of periodic monitoring is determined by whether the work site exposure levels are below the action level, between the action level and PEL, or above the PEL. In addition, since the requirement to perform periodic monitoring is based on the exposure levels associated with a specific worksite, periodic monitoring only occurs if the project is of sufficient duration. OSHA assumes that the following project types are affected based on the expected airborne exposure levels following the implementation of engineering controls and the typical duration of such projects (average project duration is given in parentheses):

- Highway and Railroad Bridge Repainting (505 workdays)
- Highway and Railroad Bridge Rehabilitation (67 workdays)
- Housing Lead Abatement (Public) (438 workdays)
- Commercial and Industrial Demolition (1,442 workdays)
- Transmission and Communication Tower Maintenance (0 workdays)

The average number of periodic monitoring per firm per project, by project type, is as follows:

- Highway and Railroad Bridge Repainting – 1 monitoring
- Highway and Railroad Bridge Rehabilitation – 3 monitorings
- Housing Lead Abatement (Public) – 1 monitoring
- Commercial and Industrial Demolition – 1 monitoring
- Transmission and Communication Tower Maintenance – 1 monitoring

OSHA estimates that a total of 2,452 firms engaged in the project types listed above conduct periodic monitoring over the course of a year. OSHA further estimates that there are 5,239 projects requiring periodic monitoring and 7,420 occurrences of periodic monitoring annually. The costs for periodic monitoring performed by these firms are for contracted industrial hygienist services and the cost of laboratory analysis of the samples collected by the industrial hygienist.

Eight hours of an industrial hygienist contractor's time is needed to collect representative

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monitoring data and four hours of an industrial hygienist contractor's time is needed to prepare a report documenting the results of the exposure-monitoring, for a total of 12 hours of labor time associated with each representative monitoring. OSHA assumes that the cost of contracting for outside industrial hygienist services is \$91.79 per hour. Thus, by project type, the labor cost formula is: (# of monitoring by project type) × (# of monitoring per day) × (12 industrial hygienist labor hours/monitoring) × (\$91.79/hour of industrial hygienist labor) = labor cost by project type. The total cost of contracted services associated with the Periodic Monitoring requirement for the affected firms is **\$2,848,426**.

Project type	Number of Days Monitored	Number of Monitoring per Day	Industrial hygienist Time	Industrial Hygienist Labor Cost	Cost
Highway and Railroad Bridge Repainting	505 workdays	1	12	\$91.79	\$556,247
Highway and Railroad Bridge Rehabilitation	67 Workdays	3	12	\$91.79	\$221,397
Housing Lead Abatement (Public)	438 Workdays	1	12	\$91.79	\$482,448
Commercial and Industrial Demolition	1,442 workdays	1	12	\$91.79	\$1,588,334
Transmission and Communication Tow Maintenance	0 workdays	1	12	\$91.79	\$0
Total					\$2,848,426

The cost laboratory analysis of the samples for these project types is \$39 per sample collected. The number of samples collected per monitoring varies by project type from 1 sample to 5 samples per monitoring; thus, the agency assumes an average of 3 samples per monitoring. This variation is attributable to differences in the number of distinct lead-exposed activities and average crew sizes. Thus, by project type, the analytical cost formula is: (#of monitoring by project types) × (3 samples/monitoring) × (\$30/sample) = total analytical cost by project type. The cost by project type is then totaled to derive the total costs across all project types. The total cost of laboratory analysis for those firms contracting out their monitoring is **\$232,740**.

Project type	Number of Days Monitored	Number of Monitoring per Day	Number of Samples/ Monitoring	Industrial Hygienist Labor Cost	Cost
Highway and Railroad Bridge Repainting	505 workdays	1	3	\$30	\$45,450
Highway and Railroad Bridge Rehabilitation	67 Workdays	3	3	\$30	\$18,090

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Project type	Number of Days Monitored	Number of Monitorin g per Day	Number of Samples/ Monitoring	Industrial Hygienist Labor Cost	Cost
Housing Lead Abatement (Public)	438 Workdays	1	3	\$30	\$39,420
Commercial and Industrial Demolition	1,442 workdays	1	3	\$30	\$129,780
Transmission and Communication Tow Maintenance	0 workdays	1	3	\$30	\$0
Total					\$232,740

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The total costs associated with the Periodic Monitoring requirement is the sum of the costs of contracted industrial hygiene services and the costs associated with the analytical monitoring. The total cost for firms contracting out their monitoring is \$2,848,426. The total cost of laboratory analysis for those firms contracting out their monitoring is \$232,740. Therefore, the total cost of this requirement is **\$3,081,166**.

(B) Medical Surveillance (§ 1926.62 (j))

The Lead in Construction Standard requires employers to provide initial medical surveillance to any worker occupationally exposed on any day to lead at or above the action level. Initial medical surveillance consists of a single session of biological monitoring. The Standard further requires employers to establish a medical surveillance program for all workers who are or may be exposed by the employer at or above the action level for more than 30 days in any consecutive 12 months. The medical surveillance program includes a more regular schedule of biological monitoring which continues as long as the worker meets the airborne exposure criteria and continues to work for the employer. Other medical surveillance provisions include requirements for medical examinations and consultations, notification of the multiple physician review option, provision of information to physicians, written medical opinions, and written chelation notifications.

Biological Monitoring**1. Initial Medical Surveillance**

The Standard requires that employers offer, on a one-time basis, all workers exposed at or above the action level initial medical surveillance consisting of a single blood test (analyzed for blood-lead and zinc protoporphyrin levels). As described above in Item 12, OSHA estimates there are 61,785 new hires each year that are exposed at or above the action level and will need initial medical surveillance consisting of a blood test for blood-lead and zinc protoporphyrin levels. OSHA therefore estimates 61,785 tests are administered each year. The cost associated with one

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session of biological monitoring for blood-lead and zinc protoporphyrin levels is currently \$84.50.¹⁸

Cost: 61,785 tests × \$84.50 per test = \$5,220,833

2. Periodic Medical Surveillance

The Standard requires employers to provide more frequent biological monitoring as part of a medical surveillance program to workers who are exposed at or above the action level on 30 or more days per year. As described above, OSHA estimates that 39,850 workers are eligible for periodic medical surveillance on an annual basis (excluding the estimated number of part-year workers). The frequency associated with this testing is every two months for the first six months of employment and then every six months for as long as the worker continues to be exposed at or above the action level for 30 or more days per year and remains employed by the employer. Thus, in the first year of employment, workers receive four sessions of biological monitoring (at months 2, 4, 6, and 12). After the first year of employment, workers are monitored semi-annually (at months 6 and 12). Because new workers receive four biological monitoring per year, OSHA calculated the annual costs associated with this requirement separately for new and existing workers.

An estimated 16,051 new hires (39.0 percent of 41,157 workers) receive five biological monitoring tests per year (for a total of 80,255 tests) in addition to the initial medical surveillance given once to all workers exposed at or above the action level on a least one day per year. One session of biological monitoring for blood-lead and zinc protoporphyrin levels costs \$84.50. The following formula calculates the annual cost of this requirement:

Cost: 80,255 tests × \$84.50 per test = \$6,781,548

OSHA assumes that 25,106 workers, or 61.0 percent of the 41,157 workers eligible to receive periodic medical surveillance, are full-year workers based on an annual turnover rate of 39.0 percent. Eligible full-year workers receive two biological monitoring tests for a total of 50,212 tests per year. An additional 8,026 part-year workers (19.5 percent or ½ of the 39.0 percent annual turnover rate) receive at least one of the two biological monitoring tests, since departing workers leave at an even rate throughout the year. Thus, 8,026 tests are given to part year workers.

Cost: (50,212 tests) × (\$84.50 per test) = \$4,242,914
(8,026 tests) × (\$84.50 per test) = \$678,197

Total Cost: \$4,242,914 + \$678,197 = **\$4,921,111**

¹⁸ FAIR Health, 2024. Consumer Cost Lookup. Available at http://fairhealthconsumer.org/medical_cost.php (Accessed June 22, 2022). Out-of-pocket costs by CPT Code were obtained from FAIR Health webpage for zip code 05701. The cost used is the average (\$84.50) of \$81 for CPT Code 84202 Protoporphyrin (metabolism substance level) and \$73 for CPT Code 83655 Lead Level.

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Thus, the total annual cost of providing periodic medical surveillance to full-year and part-year workers is **\$11,702,659** (\$6,781,548 + \$4,921,111).

3. Additional Medical Surveillance Based on Blood-Lead Levels

As described above, OSHA concludes that if employers fully comply with the Standard, construction workers will not have blood-lead levels greater than 25µg/dl. Therefore, OSHA assumes that there are: no incidences of biological monitoring triggered by worker blood-lead levels more than 40µg/dl; no follow-up tests on workers triggered by a single blood-lead tests result in excess of 50µg/dl; and no additional testing for persons on medical removal due to a blood-lead level in excess of 50µg/dl. Therefore, there are no costs for testing associated with this requirement.

4. Medical Examinations and Consultations

As discussed under the response to Item 12, OSHA assumes that no more than five percent, or 7,921 of the 158,422, workers exposed at or above the action level on any one day (and thus eligible for biological monitoring due to significant airborne lead exposure) are given a medical examination or consultation. Medical examinations are estimated to cost \$308 per examination. This estimate covers all of the specialized testing needed including additional blood testing. The following formula calculates the cost of this requirement:

Cost: 7,921 examinations × \$308 per examination = \$2,439,668

Table 3 - Cost Summary Table (Item 13)			
Cost	Current	Requested	Difference
Initial Determination for Lead	\$11,604,650	\$10,444,353	-\$1,160,297
Monitoring for Initial Determination	\$48,752,802	\$53,607,395	\$4,854,593
Periodic Exposure Measurement	\$3,887,100	\$3,081,166	-\$805,934
Initial Medical Surveillance	\$5,742,737	\$5,220,833	-\$521,904
Periodic Medical Surveillance	\$10,501,799	\$11,702,659	\$1,200,860
Medical Examination and Consultation	\$1,854,106	\$2,439,668	\$585,562
Totals	\$82,343,194	\$86,496,074	\$4,152,880

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

Cost to the Federal Government

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Usually, OSHA requests access to records during an inspection. Information collected by the agency during the investigation is not subject to the PRA under 5 CFR 1320.4(a)(2). Therefore, there is no cost to OSHA for this request.

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

The agency is requesting an adjustment increase in the burden hours from 1,226,717 hours to 1,348,499 hours, a difference of 121,782 hours. The adjustment increase is due to an increase in the total number of highway and railroad bridge repainting lead-exposed projects which increased the number of projects needing lead testing.

Also, there was an increase in cost for exposure monitoring and medical exams from \$82,343,194 to \$86,496,074, a difference of \$4,152,880.

Table 4 – Estimated Burden Hours Changes to the Information Collections Contained in the Lead in Construction Standard			
Information Collection Requirement	Existing Burden Hours	Requested Burden Hours	Burden Hour Change
EXPOSURE MONITORING			
Initial Determination			
<i>Determination of the Presence of Lead</i>	217,441	238,110	20,669
Objective Data	109,431	161,156	51,725
Negative Initial Determination	335,753	367,181	31,428
Periodic Exposure Measurement	0	0	0
Employee Notification of Monitoring Results	8,499	9,139	640
COMPLIANCE PROGRAM			
Written Compliance Program			
<i>Development of Written Compliance Program</i>	14,719	15,827	1,108
<i>Annual Review of the Written Compliance Program Review</i>	74,376	79,977	5,601
Administrative Controls	2,037	3,806	1,769
NOTIFYING THE LAUNDRY	6,707	7,212	505
MEDICAL SURVEILLANCE			
Biological Monitoring			
<i>Initial Medical Surveillance</i>	18,645	16,051	-2,594
<i>Periodic Medical Surveillance</i>	34,097	14,560	-19,537
Employee Notification of Results	21,097	18,423	-2,674
Medical Examinations and	13,108	15,842	2,734

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Table 4 – Estimated Burden Hours Changes to the Information Collections Contained in the Lead in Construction Standard			
Information Collection Requirement	Existing Burden Hours	Requested Burden Hours	Burden Hour Change
Consultations			
Notification of Multiple Physician Review Option	109	132	23
Information Provided to Examining/Consulting Physicians	1,639	1,980	341
Physician's Written Medical Opinion			
<i>Preparation of the Written Medical Opinion</i>	0	0	0
<i>Provision of the Written Medical Opinion</i>	655	792	137
RECORDKEEPING			
Exposure Monitoring Records	7,621	7,954	333
Medical Surveillance Records	21,621	19,215	-2,406
Medical Removal Records	0	0	0
Objective Data Records	335,753	367,181	31,428
Employee Access to Records	3,277	3,961	684
Federal Access to Records	0	0	0
TOTAL	1,226,717	1,362,145	121,782

- 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 required to be collected by the Lead in Construction Standard 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.**

OSHA lists current valid control numbers in §§1910.8, 1915.8, 1917.4, 1918.4, and 1926.5 and publishes the expiration date in the Federal Register notice announcing OMB approval of the information-collection requirement. (See 5 CFR 1320.3(f)(3).) OSHA believes that this is the most appropriate and accurate mechanism to inform interested parties of these expiration dates.

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

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OSHA is not requesting an exception to the certification statement.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

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