

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 08/29/2010

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FOR CERTIFYING OFFICIAL: Michael Carleton
FOR CLEARANCE OFFICER: Seleda Perryman

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 07/16/2010.

ACTION REQUESTED: Revision of currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201007-0930-002
AGENCY ICR TRACKING NUMBER:
TITLE: Mandatory Guidelines for Federal Workplace Drug Testing Programs
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0930-0158

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 08/31/2013

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	28,384,168	1,788,809	2,090,000
New	28,384,153	1,788,809	2,212,000
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	-15	0	122,000
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: Approved consistent with the following terms of clearance: SAMHSA will work with OMB prior to release of any final notice announcing or providing guidance on the revised Federal Drug Testing Custody and Control Form. Documents published prior to OMB's review of this ICR under the Paperwork Reduction Act were confusing to the public and SAMHSA will work with OMB to prevent similar confusion in the future.

Previous terms of clearance (Prior to the next approval of this package, the Agency shall provide a progress update on adoption of electronic forms in an effort to reduce burden. SAMHSA is encouraged to explore ways to convert the Federal Drug Testing Custody and Control Form (Federal CCF) into an electronic form.) remain in effect.

OMB Authorizing Official:

Kevin F. Neyland
Deputy Administrator,
Office of Information and Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Donor	Federal CCF	Federal CCF	
Collector	Federal CCF	Federal CCF	
Laboratory	Federal CCF	Federal CCF	
Medical Review Officer	Federal CCF	Federal CCF	
Laboratory Application	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	
Laboratory Inspection Checklist	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	
Laboratory Recordkeeping	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	Urine Lab Appl. Form Urine IITF Info Checklist Form, Urine IITF Appl. Form, Urine Lab Info Checklist Form	