

ASSESSMENT AND CERTIFICATION OF  
PROPOSED INFORMATION COLLECTION

U.S. NUCLEAR REGULATORY COMMISSION

OMB Clearance No.  <b>3150 XXXX</b>	Title of Information Collection Requirement  NRC Request for Information Concerning Patient Release	Office Name: (Office/Division/Branch)  NMSS/MSTR/MSEA
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THE COLLECTION OF INFORMATION ENCOMPASSED BY THIS REQUEST COMPLIES WITH 5 CFR 1320.9 AND THE RELATED PROVISIONS OF 5 CFR 1320.8(b)(3).

THE FOLLOWING FACTORS WERE CONSIDERED IN EVALUATING THE PROPOSED INFORMATION COLLECTION REQUIREMENT.  
(If the response is not so, check "NO" and explain under "Remarks.")

	YES	NO	N/A
1. The requirement is necessary for the proper performance of agency functions. (See Supporting Statement Item 1.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. The requirement avoids unnecessary duplication. (See Supporting Statement Item 4.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. The requirement reduces burden on small entities. (See Supporting Statement Item 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The requirement uses plain, coherent, and unambiguous language that is understandable to respondents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. The requirement's implementation will be consistent and compatible with current reporting and record keeping practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. The requirement indicates the retention periods for record keeping requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. The requirement informs respondents of the information called for under 5 CFR 1320.8(b)(3) about: (1) Why the information is being collected; (2) Use of the information; (3) Burden estimate; (4) Nature of response (voluntary, required for a benefit, or mandatory); (5) Nature and extent of confidentiality; and (6) Need to display currently valid OMB control number. (See Supporting Statement Items 1, 12, & 18.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. The requirement was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. The requirement uses effective and efficient statistical survey methodology (if applicable). (See Supporting Statement Section B.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. The requirement makes appropriate use of information technology. (See Supporting Statement Item 3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Check one of the following that best describes the statistical use of the information collected: <input type="checkbox"/> Information collected under this clearance has potential statistical value to other Federal agencies. The responsible office requests OIS assistance in identifying statistical stakeholder agencies, facilitating discussions between NRC staff and statistical agency staff, and evaluating Privacy Act implications for the sharing of data. <input checked="" type="checkbox"/> Information collected under this clearance has been determined NOT to have potential statistical value to other Federal agencies at this time. <input type="checkbox"/> Information collected under this clearance is already shared with other Federal agencies for statistical purposes.			

## REMARKS

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Typed Name of Program Office Official  Douglas Bollock	Signature 	Date  2/3/15
Typed Name of OIS Reviewer - (Assigned Analyst) FOIA, Privacy, and Information Collections Branch/OIS  Fajr Majeed	Signature	Date
Typed Name of OIS Approver, Tremaine U. Donnell, NRC Clearance Officer/OIS  Tremaine U. Donnell	Signature	Date