Standard Form 83
(Rev. September 1983)

PDR

Request for OMB Review

DESIGNATED ORIGINAL

Certified By

Important

Read instructions before completing form. Do not use the same SF 83 to request both an Executive Order 12291 review and approval under the Paperwork Reduction Act.

Answer all questions in Part I. If this request is for review under E.O. 12291, complete Part II and sign the regulatory certification. If this request is for approval under the Paperwork Reduction Act and 5 CFR 1320, skip Part II, complete Part III and sign the paperwork certification.

Send three copies of this form, the material to be reviewed, and for paperwork—three copies of the supporting statement, to:

Office of Information and Regulatory Affairs
Office of Management and Budget
Attention: Docket Library, Room 3201
Washington, DC 20503

PART I.—Complete This Part for All Requests.

1. Department, agency and Bureau/office originating request

U. S. Nuclear Regulatory Commission

2. Agency code

3 1 5 0

3. Name of person who can best answer questions regarding this request

James H. Myers

Telephone number

(301) 492-0637

4. Title of information collection or rulemaking

NRC Form 473 - Diagnostic Misadministration Report

5. Legal authority for information collection or rule *(cite United States Code, Public Law, or Executive Order)*

42 USC 2201(o) or

6. Affected public *(check all that apply)*

1 ☐ Individuals or households
2 ☒ State or local governments
3 ☐ Farms
4 ☒ Businesses or other for-profit
5 ☒ Federal agencies or employees
6 ☒ Non-profit institutions
7 ☒ Small businesses or organizations

PART II.—Complete This Part Only if the Request is for OMB Review Under Executive Order 12291

7. Regulation Identifier Number (RIN)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___, or, None assigned ☐

8. Type of submission *(check one in each category)*

Classification
1 ☐ Major
2 ☐ Nonmajor

Stage of development
1 ☐ Proposed or draft
2 ☐ Final or interim final, with prior proposal
3 ☐ Final or interim final, without prior proposal

Type of review requested
1 ☐ Standard
2 ☐ Pending
3 ☐ Emergency
4 ☐ Statutory or judicial deadline

9. CFR section affected

_____ CFR _____ _____

10. Does this regulation contain reporting or recordkeeping requirements that require OMB approval under the Paperwork Reduction Act and 5 CFR 1320? ☐ Yes ☐ No

11. If a major rule, is there a regulatory impact analysis attached? 1 ☐ Yes 2 ☐ No

If "No," did OMB waive the analysis? 3 ☐ Yes 4 ☐ No

Certification for Regulatory Submissions

In submitting this request for OMB review, the authorized regulatory contact and the program official certify that the requirements of E.O. 12291 and any applicable policy directives have been complied with.

Signature of program official — Date

Signature of authorized regulatory contact — Date

12. *(OMB use only)*

PART III.—Complete This Part Only if the Request is for Approval of a Collection of Information Under the Paperwork Reduction Act and 5 CFR 1320.

13. Abstract—Describe needs, uses and affected public in 50 words or less

"Radiation Safety, Radioactive Materials, Nuclear Medicine"
NRC Form 473 is used by NRC medical licensees to report diagnostic misadministrations of radiopharmaceuticals as required by 10 CFR Part 35. The information is used by NRC to determine what kinds of actions precipitate misadministrations, and also as a measure of the licensee's management control of the radiation safety program.

14. Type of information collection *(check only one)*

Information collections not contained in rules

1 [X] Regular submission
2 [ ] Emergency submission *(certification attached)*

Information collections contained in rules

3 [ ] Existing regulation *(no change proposed)*
4 [ ] Notice of proposed rulemaking (NPRM)
5 [ ] Final, NPRM was previously published
6 Final or interim final without prior NPRM
A [ ] Regular submission
B [ ] Emergency submission *(certification attached)*

7. Enter date of expected or actual Federal Register publication at this stage of rulemaking *(month, day, year)*: _____

15. Type of review requested *(check only one)*

1 [ ] New collection
2 [ ] Revision of a currently approved collection
3 [X] Extension of the expiration date of a currently approved collection without any change in the substance or in the method of collection
4 [ ] Reinstatement of a previously approved collection for which approval has expired
5 [ ] Existing collection in use without an OMB control number

16. Agency report form number(s) *(include standard/optional form number(s))*

NRC Form 473

17. Annual reporting or disclosure burden

1 Number of respondents	300
2 Number of responses per respondent	1
3 Total annual responses *(line 1 times line 2)*	300
4 Hours per response	.5
5 Total hours *(line 3 times line 4)*	150

18. Annual recordkeeping burden

1 Number of recordkeepers	
2 Annual hours per recordkeeper	
3 Total recordkeeping hours *(line 1 times line 2)*	
4 Recordkeeping retention period	years

19. Total annual burden

1 Requested *(line 17.5 plus line 18.3)*	150
2 In current OMB inventory	500
3 Difference *(line 1 less line 2)*	- 350
Explanation of difference	
4 Program change	
5 Adjustment	- 350

20. Current *(most recent)* OMB control number or comment number

3150-0140

21. Requested expiration date

3 years from approval date

22. Purpose of information collection *(check as many as apply)*

1 [ ] Application for benefits
2 [ ] Program evaluation
3 [ ] General purpose statistics
4 [X] Regulatory or compliance
5 [ ] Program planning or management
6 [ ] Research
7 [ ] Audit

23. Frequency of recordkeeping or reporting *(check all that apply)*

1 [ ] Recordkeeping

Reporting

2 [X] On occasion
3 [ ] Weekly
4 [ ] Monthly
5 [ ] Quarterly
6 [ ] Semi-annually
7 [ ] Annually
8 [ ] Biennially
9 [ ] Other *(describe)*: _____

24. Respondents' obligation to comply *(check the strongest obligation that applies)*

1 [ ] Voluntary
2 [ ] Required to obtain or retain a benefit
3 [X] Mandatory

25. Are the respondents primarily educational agencies or institutions or is the primary purpose of the collection related to Federal education programs? [ ] Yes [X] No

26. Does the agency use sampling to select respondents or does the agency recommend or prescribe the use of sampling or statistical analysis by respondents? [ ] Yes [X] No

27. Regulatory authority for the information collection

10 CFR 35.33(c) , or _____ FR _____ ; or, Other *(specify)* _____

Paperwork Certification

In submitting this request for OMB approval, the agency head, the senior official or an authorized representative, certifies that the requirements of 5 CFR 1320, the Privacy Act, statistical standards or directives, and any other applicable information policy directives have been complied with.

Signature of program official: Joyce Amenta — Date: 10/5/8

Signature of agency head, the senior official or an authorized representative: Joyce M. Amenta, Designated Senior Official for Information Resources Management — Date:

* GPO : 1984 O - 453-776