

3. A revised estimate of the property damage that is at least 10 times greater than the reported property damage estimate; for example, the initial reported amount of damage was 100,000 dollars and the revised estimate is 1,000,000 dollars.

Often when the telephonic report is made, early information on an incident is incomplete. Sometimes, new information changes the understanding of the severity or nature of the incident. Although the telephonic reporting regulations do not state that multiple reports are required, the nature and timing of emergency response are dependent on the information reported to the NRC. It is critical that an operator provide accurate information on the extent of the incident. Therefore, OPS expects an operator to provide significant update information during the emergency response phase. For natural gas or LNG events, the initial emergency response phase usually ends between 24 and 48 hours following an incident. For hazardous liquid events, the initial emergency response phase may last several days as spill clean-up continues. Once the emergency response phase is complete, OPS does not expect an operator to continue to update the NRC throughout long-term recovery or remedial action activities.

Some hazardous liquid operators do not provide an estimated product release amount when reporting an incident to the NRC. OPS recognizes the difficulty in estimating spill amounts, especially if the release is underground or into water. However, OPS's and NTSB's response to the incident may depend on the reported spill size. OPS and NTSB may not investigate a ten barrel spill and may perform an onsite investigation of a 20,000 barrel spill. To get this critical information, OPS is asking the NRC to request operators to provide an estimate of the spill amount. If an estimated amount is not provided, NRC assumes, for emergency notification and response purposes, that a major spill has occurred. Therefore, if the operator does not provide a spill estimate, NRC will enter a default spill estimate of 1,000 barrels. OPS will be notified of all spills over 500 barrels and any spill over 100 barrels that impacts water.

In providing information on significant changes from the original telephonic report, operators need to be aware that the NRC does not update a prior report, but, instead, accepts additional reports. An operator should tell the NRC representative if a previous report was filed for the incident and provide the NRC Report Number of the original telephonic.

II. Advisory Bulletin (ADB-02-04)

To: Owners and Operators of Gas Distribution, Gas Transmission, and Hazardous Liquid Pipelines, and LNG Facilities

Subject: Telephonic Notification to NRC

Purpose: To advise owners and operators of gas distribution, gas transmission, and hazardous liquid pipeline systems and LNG facilities of the need to promptly contact the NRC after a pipeline incident is discovered and to file additional telephonic reports if there are significant changes in the number of fatalities or injuries, product release estimates or the extent of damages.

Advisory: Owners and operators of gas and hazardous liquid pipelines and LNG facilities are reminded that the pipeline safety regulations require operators to make a telephonic report of an incident to the NRC in Washington, DC at the earliest practicable opportunity, usually one to two hours after discovering the incident. The information required to be reported includes the name of the operator, the name and telephone number of the person making the report, the location of the incident, the number of fatalities and injuries, and all other significant facts that are relevant to the cause of the incident or extent of the damages. (49 CFR 191.5, 193.2011, and 195.52.)

If, during the emergency response period, additional information about the incident becomes available that shows a significant change in the number of fatalities and injuries, product release estimate, or the extent of property damage, an additional report to the NRC will be necessary. Although the regulation does not state that additional revised reports are required, it is important for emergency response purposes that the NRC be given accurate information on the extent of the incident.

The NRC will accept additional reports, but will not update a previous report. Therefore, operators should file an additional report(s) when circumstances and estimates change significantly. An operator should provide an estimate of the damage in the initial report and in any subsequent report. The operator should include the NRC Report Number of the initial report when making a subsequent report. If an operator reports that a damage estimate is unknown or unavailable, the NRC will assume that a major spill has taken place for emergency notification and response purposes.

Issued in Washington, DC, on August 30, 2002.

James K. O'Steen,

Deputy Associate Administrator for Pipeline Safety.

[FR Doc. 02-22734 Filed 9-5-02; 8:45 am]

BILLING CODE 4910-60-P

DEPARTMENT OF VETERANS AFFAIRS

President's Task Force To Improve Health Care Delivery for Our Nation's Veterans, Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under Public Law 92-463 (Federal Advisory Committee Act) that a meeting of the President's Task Force to Improve Health Care delivery for Our Nation's Veterans is scheduled for Wednesday, September 11, 2002, beginning at 9 a.m. and adjourning at 4:45 p.m. and Thursday, September 12, 2002, beginning at 9 a.m. and adjourning at 1 p.m. The September 11 session will be held in the Horizon Ballroom of the Ronald Reagan Building International Trade Center, 1300 Pennsylvania Avenue, NW., Washington DC. The September 12 session will be held in the Washington Ballroom of the Radisson Hotel Old Town, 901 North Fairfax Street, Alexandria, VA. Both sessions are open to the public.

The purpose of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans is to:

(a) Identify ways to improve benefits and services for Department of Veterans Affairs (VA) beneficiaries and Department of Defense (DoD) military retirees who are also eligible for benefits from VA, through better coordination of the activities of the two departments;

(b) Identify opportunities to remove barriers that impede VA and DoD coordination, including budgeting processes, timely billing, cost accounting, information technology, and reimbursement; and

(c) Identify opportunities through partnership between VA and DoD, to maximize the use of resources and infrastructure, including buildings, information technology and data sharing systems, procurement of supplies, equipment and services.

On the morning of September 11, the President's Task Force will receive presentations by and have discussions with Dr. Robert H. Roswell, Under Secretary for Health, Department of Veterans Affairs. For the remainder of the day, staff consultants will lead a discussion of major themes and issues to be addressed in the Final Report of the President's Task Force.

On September 12, the President's Task Force will receive a presentation by and have discussions with Mr. Thomas A. Scully, Administrator, Centers for Medicare and Medicaid Services, and Mr. John G. Clarkson, MD, Dean, University of Miami Medical School, representing the Association of American Medical Colleges.

Interested parties can provide written comments to Mr. Dan Amon, Communications Director, President's Task Force to Improve Health Care Delivery for Our Nation's Veterans, 1401 Wilson Boulevard, 4th Floor, Arlington, Virginia, 22209.

Dated: August 27, 2002.

By Direction of the Secretary:

Nora E. Egan,

Committee Management Officer.

[FR Doc. 02-22726 Filed 9-5-02; 8:45 am]

BILLING CODE 8320-01-M

DEPARTMENT OF VETERANS AFFAIRS

Special Medical Advisory Group, Notice of Meeting

As required by the Federal Advisory Committee Act, the Department of Veterans Affairs (VA) gives notice that the Special Medical Advisory Group has scheduled a meeting on Wednesday, September 25, 2002. The meeting will convene at 9 a.m. and end at 2 p.m. The meeting will be held at VA Central Office, 810 Vermont Avenue, NW., Room 830, Washington, DC. The purpose of the meeting is to advise the Secretary and Under Secretary for Health relative to the care and treatment of disabled veterans and other matters pertinent to the Department's Veterans Health Administration.

The agenda for the meeting will include: an update on Enrollment; Budget; Long Term Care; Tertiary and Specialized Care; Waiting Times; Workforce needs; and Capital Asset Realignment for Enhance services program.

All sessions will be open to the public. Those wishing to attend should contact Ms. Celestine Brockington, Office of the Under Secretary for Health (10A), Department of Veterans Affairs. Her phone number is (202) 273-5860.

Dated: August 26, 2002.

By Direction of the Secretary:

Nora E. Egan,

Committee Management Officer.

[FR Doc. 02-22725 Filed 9-5-02; 8:45 am]

BILLING CODE 8320-01-M