

station has not come into compliance with the DTV construction rule within a six-month period, then, absent extraordinary and compelling circumstances, the Commission will issue a Notice of Apparent Liability for forfeiture to the licensee and require that the station report every thirty days on its proposed construction milestones and its efforts to meet those milestones. The R&O followed the release of an *Order/Notice of Proposed Rulemaking* adopted May 16, 2002, MM Docket No. 02-113, FCC 02-150, 67 FR 38459, June 4, 2002.

Federal Communications Commission.

**Marlene H. Dortch,**

*Secretary.*

[FR Doc. 03-18511 Filed 7-21-03; 8:45 am]

**BILLING CODE 6712-01-P**

## FEDERAL MARITIME COMMISSION

[Petition P2-03]

### Petition of Sinotrans Container Lines Co., Ltd. (SINOLINES) for a Limited Exemption From Section 9(c) of the Shipping Act of 1984; Notice of Filing

Notice is hereby given that Sinotrans Container Lines Co., Ltd. (SINOLINES) ("Petitioner") has petitioned, pursuant to Section 16 of the Shipping Act of 1984, 46 U.S.C. app. section 1715; and 46 CFR 502.69, for a limited exemption from the tariff publishing requirements of section 9 of the 1984 Act, 46 U.S.C. app section 1708(c). Petitioner seeks an exemption so that it can lawfully reduce rates to meet or exceed the tariff rates of other ocean common carriers on one day's notice.

In order for the Commission to make a thorough evaluation of the Petition, interested persons are requested to submit views or arguments in reply to the Petition no later than August 8, 2003. Replies shall consist of an original and 15 copies, be directed to the Secretary, Federal Maritime Commission, 800 North Capitol Street, NW., Washington, DC 20573-0001, and be served on Petitioner's counsel; Robert B. Yoshitomi and Christopher J. Jackson, Nixon Peabody LLP, 2040 Main Street, Suite 850, Irvine, CA 92614. It is also requested that a copy of the reply be submitted in electronic form (WordPerfect, Word, or ASCII) on diskette, or e-mailed to [secretary@fmc.gov](mailto:secretary@fmc.gov). Copies of the petition are available at the Office of the Secretary of the Commission, 800 N. Capitol Street, NW., Room 1046. A copy may also be obtained by sending a request to [secretary@fmc.gov](mailto:secretary@fmc.gov) or by calling (202) 523-5725. Parties

participating in this proceeding may elect to receive service of the Commission's issuances in this proceeding through email in lieu of service by U.S. mail. A party opting for electronic service shall advise the Office of the Secretary in writing and provide an email address where service can be made. Such requests may be directed to [secretary@fmc.gov](mailto:secretary@fmc.gov).

By the Commission.

**Bryant L. VanBrakle,**  
*Secretary.*

[FR Doc. 03-18576 Filed 7-21-03; 8:45 am]

**BILLING CODE 6730-01-P**

## FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

### Sunshine Act Notice

**AGENCY:** Federal Retirement Thrift Investment Board.

**ACTION:** Notice; correction.

**TIME AND DATE:** 3 p.m. (EDT); correction July 24, 2003; correction.

**PLACE:** 4th Floor, Conference Room, 1250 H Street, NW., Washington, DC.

**SUMMARY:** The Federal Retirement Thrift Investment Board published a notice in the *Federal Register* on Thursday, July 17, 2003, concerning upcoming Board member meeting.

### Correction

In the *Federal Register* of Thursday, July 17, 2003, Vol. 68, No. 137, page 42473, in the third column, change the time and date caption to read: 3 p.m. (EDT), July 24, 2003.

**FOR FURTHER INFORMATION CONTACT:** Thomas J. Trabucco, Director, Office of External Affairs, (202) 942-1640.

Dated: July 17, 2003.

**Elizabeth S. Woodruff,**  
*Secretary to the Board, Federal Retirement Thrift Investment Board.*

[FR Doc. 03-18657 Filed 7-17-03; 4:54 am]

**BILLING CODE 6760-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Proposed Airborne Exposure Limits for Chemical Warfare Agents H, HD, and HT (Sulfur Mustard)

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of proposed worker and general population airborne exposure

limits (AELs) for chemical warfare agents H, HD, and HT (sulfur mustard) to protect the health and safety of workers and the public during treatment, transport, or disposal of these agents.

*Purpose:* CDC presents results of its review of AELs for the chemical warfare agents H, HD and HT (collectively referred to as sulfur mustard, bis(2-chloroethyl)sulfide, CAS 505-60-2).<sup>1</sup> All three compounds are chemically and toxicologically related and therefore will be treated here as a single compound represented by HD. Before finalizing these proposals, CDC requests comments from the public, all interested parties, environmental and health regulators, the Department of Defense (DOD), and other organizations involved in handling or demilitarizing chemical warfare agents. More specifically, CDC seeks scientifically and professionally defensible data or information that would be helpful in this evaluation of the AELs for sulfur mustard.

*Preamble:* This proposal updates the sulfur mustard AELs recommended by CDC in 1988. In preparing this proposal, CDC found some evolution of the methods used to derive AELs and some additional toxicity data available for consideration. Even though no empirical evidence indicated that the existing AELs for mustard are not protective of health, CDC believed the new methods and information should be examined for potential impacts on the exposure criteria. Considerations and logic used to arrive at the proposed AELs may be requested from the contact listed at the end of this announcement.

When reviewing the methods used to derive AELs, CDC found that the Environmental Protection Agency's (EPA's) traditional "reference concentration" (RfC) method (based on no observed adverse effect level/lowest observed adverse effect level [NOEL/LOAEL] values) and the newer categorical regression, or "CatReg" method, are both undergoing internal review that could result in future variation in the way they are applied and the numeric values ultimately derived. Accordingly, CDC decided that both methods should be examined to help define a range of potential values for the proposed AELs. This announcement summarizes CDC's

<sup>1</sup> HD is distilled sulfur mustard that has been purified by washing and vacuum distillation, whereas Levinstein mustard (H) contains about 30 percent sulfur impurities and has stronger vesicant action. HT consists of 60 percent HD and 40 percent T (related vesicant with lower freezing point and much lower volatility), with reportedly similar characteristics to HD. T is not expected to constitute an airborne vapor hazard.

findings and the resultant AELs being proposed. The proposed values were developed in the context of applying professional judgment and did not rely exclusively on any one method. Accordingly, the proposed AELs reflect realistic risk management provisions associated with chemical demilitarization and do not necessarily apply to other purposes.

CDC believes that incorporating risk management into the risk assessment process is necessary and beneficial for the following reasons: Extensive experience has shown that any exposure would be expected to be episodic and acute; extensive air monitoring, engineering, and procedural safeguards have effectively limited exposures; and competing risks would be introduced if existing requirements were significantly changed. Consequently, this proposal is predicated on CDC's understanding of existing demilitarization safeguards and procedures.

Rather than specify an 8-hour time-weighted average, CDC proposes to designate a 5-minute ceiling level that reflects the extensive near-real-time monitoring systems associated with chemical demilitarization activities. Additionally, CDC proposes to recommend a 12-hour general population limit (GPL-12), applicable to both the general population and

workers, to confirm that low-level exposure is not occurring. The time duration of the GPL-12 is consistent with the sampling period for existing air monitoring methods and the long work shifts in many demilitarization operations.

CDC recommends a GPL value to allow facility perimeter monitoring levels to be set at a concentration that ensures that carcinogenicity protection goals are met. CDC proposes to change the definition of the GPL to reflect the probable short duration of potential exposures to the general public. Further discussion of this redefinition appears in the available support documentation.

CDC believes this proposal meets the goals of protecting workers and the public at potential airborne concentration levels below those which would result in adverse health effects or irritation for acute exposures, and further protects against risk of cancer from long-term exposure. The criteria proposed in this announcement protect at a risk level below one in one million excess cancers, which is considered to be insignificant.

**SUMMARY:** CDC's proposals are based on comments by individual scientific experts and interested participants at a public meeting convened by CDC on September 11-12, 2001, in Atlanta, GA;

the latest available scientific data and technical reviews; exposure and risk assessment approaches (e.g. CatReg and RfC methods); and CDC's understanding of current risk management practices associated with the U.S. Army's chemical agent demilitarization program. As a result of this re-evaluation of the data and the continuing evolution of AEL derivation methods, CDC proposes that the 1988 worker population limit (WPL) of 0.003 mg/m<sup>3</sup>, currently an 8-hour time-weighted average (TWA), becomes a 5-minute Ceiling limit value (CEILING-5M); and the GPL of 0.0001 mg/m<sup>3</sup>, currently a 72-hour time-weighted average (GPL-72), becomes a 12-hour TWA (GPL-12) and it is adjusted to 0.00002 mg/m<sup>3</sup> to meet carcinogenicity protection levels below thresholds of significant risk (Table 1). CDC also proposes that historical monitoring at the new GPL-12 be implemented where workers are assigned, if reasonable potential exists for mustard exposure. This is to ensure that undetected low-level exposure is not occurring. The proposed Immediately Dangerous to Life or Health (IDLH) value of 0.7 mg/m<sup>3</sup> was derived by CDC/National Institute for Occupational Safety and Health (CDC/NIOSH) in accordance with standard NIOSH protocol.

TABLE 1.—CDC PROPOSED MUSTARD AIRBORNE EXPOSURE LIMITS

[All values expressed as mg/m<sup>3</sup> in air]

Mustard (H, HD, HT) criteria	Existing worker population limit (WPL-8)	Proposed worker daily ceiling limit (CEILING-5M*)	Existing general population limit (GPL-72)	Proposed general population limit (includes workers) (GPL-12*)	Proposed immediately dangerous to life or health (IDLH)
Exposure Level .....	0.003 .....	**0.003 .....	0.0001 .....	0.00002 .....	0.7‡
Averaging Time .....	8 hours (TWA) .....	≤5 minutes .....	72 hours (TWA) .....	≤12 hours† (TWA) .....	≤30 minutes

\* Administrative or appropriate personal protective equipment is required if mustard vapor exposure exceeds criteria.

\*\* To be evaluated with a near real-time instrument with a cycle time of not more than 5 minutes.

† To be evaluated with historical air monitoring method with analysis within 72 hours of sampling (applicable to worker and general population to detect low-level excursions of agent). The action level is recommended to be set at the GPL for this criterion.

‡ The 30-minute period is not meant to imply that workers should stay in the work environment any longer than necessary; in fact, they should make every effort should be made to exit immediately. IDLH condition requires highly reliable dermal and respiratory protection providing maximum worker protection.

Although the proposed CEILING-5M is numerically identical to the existing 1988 CDC criteria, the averaging time has been changed to reflect actual operating conditions associated with ongoing demilitarization activities. The averaging time for the GPL similarly has been changed to reflect actual practice. As discussed in the supporting documentation, these changes reduce the potential dose associated with an exposure at each limit.

CDC believes that the proposed limits will protect workers and the public from potential acute and long-term (e.g.,

carcinogenic) adverse health effects from exposure to H, HD, and HT. Comments are hereby sought to help CDC refine their evaluation prior to issuing final recommended AELs.

**DATES:** Submit comments on or before October 1, 2003.

**ADDRESSES:** Comments may be submitted several ways:

1. By mail. Submit your comments to Dr. Paul Joe, Centers for Disease Control and Prevention, 4770 Buford Highway, Mail Stop F-16, Atlanta, Georgia 30341.

2. In person or by courier. Deliver your comments to the address listed above.

3. Electronically. Submit your comments by e-mail to [pj4@cdc.gov](mailto:pj4@cdc.gov), or submit a computer disk to the address indicated above. Electronic documents will be accepted in Corel WordPerfect® or Microsoft Word® formats.

For a Copy of CDC's Detailed Proposal: Dr. Paul Joe, Centers for Disease Control and Prevention, 4770 Buford Highway, Mail Stop F-16, Atlanta, GA 30341, Telephone number:

770-488-7091, E-mail address:  
pbj4@cdc.gov.

Dated: July 16, 2003.

**Joseph R. Carter,**

*Associate Director for Management and Operations, Centers for Disease Control and Prevention.*

[FR Doc. 03-18601 Filed 7-21-03; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10091]

#### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. We feel emergency approval is needed to possibly reduce the risk of public harm on beneficiaries by providing them the proper tools needed

to get current information with regards to finding a Medicare participating physician who is accepting new patients.

CMS is requesting OMB review and approval of this collection by August 8, 2003, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by July 31, 2003. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

*Type of Information Collection Request:* New Collection; *Title of Information Collection:* UPIN (UPIN Physician Identification Number) Participating Directory/Accepting New Patients Indicator; *Form No.:* CMS-10091 (OMB# 0938-NEW); *Use:* In November of 2000, CMS launched the Participating Physicians Directory on <http://www.medicare.gov>. This particular directory was created to provide beneficiaries with the names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment on all Medicare claims and covered services. CMS is adding information from already existing sources; in addition, CMS wants to collect a new data element "Accepting New Patients Indicator" which is essential to a beneficiary's search for a physician. *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 109,800; *Total Annual Responses:* 10,980; *Total Annual Hours:* 915.

We have submitted a copy of this notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://cms.hhs.gov/regulations/prd/default.asp>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and

recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by July 31, 2003: Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850. Fax Number: (410) 786-0262, Attn: Melissa Musotto CMS 10091; and, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Brenda Aguilar, CMS Desk Officer.

Dated: July 10, 2003.

**Julie Brown,**

*Acting, Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

[FR Doc. 03-18529 Filed 7-21-03; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[CMS-1964]

#### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

We are, however, requesting an emergency review of the information