Dated: May 26, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05CB]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–371–5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Reduce Injury & Musculoskeletal Disorder (MSD) Risk from Human-Machine Interaction—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Federal Mine Safety & Health Act of 1977, Section 501, enables CDC/NIOSH to carry out research relevant to the health and safety of workers in the mining industry. The objective of this project is to investigate the hazards in underground mines associated with the work environment and mobile face equipment. Ultimately, this project will show miners how to reduce the likelihood of these hazards through human factors, design considerations and/or engineering interventions. The specific aims of this study are to (1) determine face equipment risk to the operator, (2) define the information cues operators need to perform their job tasks, (3) identify the types of changes operators could make to reduce their exposure from each of the environmental hazards that affect their safety.

Operating large face equipment is one of the most basic yet dangerous elements of underground mining operations. A typical room-and-pillar mining operation involves removal of a 10-ft section of coal and loading it onto haulage machines, backing the cutting equipment (continuous miner) out and re-entering the section to remove and load an additional 10-ft section of coal to produce a 20-ft wide entry. After removing a section of the coal seam, the continuous miner is moved to another location and roof support equipment is moved into the mined section to install roof supports to secure sections of unsupported roof. Every time the work sequence for a new entry is completed, moving (tramming) vehicles to the next work location pose hazards to the operator and their helpers. Tramming face equipment is usually done in restricted workspace with reduced visibility. The restricted mine work environment puts the operators and/or helpers in awkward postures for jobs that require fast reactions to avoid being struck by the moving machine. Restricted visibility due to the nature of underground mine environments and low lighting conditions further complicates the job. If not controlled from the machine cab, a machine operator typically walks in front of or behind their machine using a remote control. Unfortunately during the job, operators have the tendency to step beside their moving machine for a better view, placing them in a dangerous location. The Mine Safety and Health Administration accident data from 1999 to 2003 indicate that the coal industry averages 7,438 incidents per year. Of that total, 18% or an average of 1,312 incidents per year involved mobile face equipment that includes continuous miners, roof support machines, and haulage vehicles for underground mines. A substantial proportion (91%) of the 1,312 incidents reported included accident types that occurred while moving the equipment.

The purpose of this study is to determine which mechanisms cause injuries to operators of mobile face equipment and find new ways to reduce injuries, work-related musculoskeletal disorders, and accidents. Industry participation will help researchers in their study to improve the health and safety of employees in the mining industry, specifically those who operate and maintain mobile face mining equipment. The information for this study will be collected by conducting one-on-one structured interviews with approximately 5 managers and 15 continuous miner operators at each of 10 mines located throughout the major coal producing regions of the U.S. This survey will last less than 1 year. There will be no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Mine management (5 persons from 10 mines)	50	1	30/60	25
Continuous miner operators (15 persons from 10 mines)	150	2	45/60	225
Total				250

Dated: May 26, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Request for Application (RFA) 05054]

Health Promotion and Non-Communicable Disease and Injury Prevention Initiatives in Latin America and the Caribbean; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to prevent non-communicable diseases, adverse reproductive outcomes, injuries, birth defects, developmental and physical disabilities and adverse consequences resulting from hereditary conditions in countries in the Latin American and Caribbean region. Through enhanced collaboration between the Pan American Health Organization (PAHO) and CDC, member countries can: (a) Promote a healthy, active lifestyle, disseminate information and provide expertise to prevent and control non-communicable diseases for which physical inactivity is a major risk factor, (including but not limited to obesity, diabetes and cardiovascular disease); (b) enhance, develop, implement, and evaluate community-based programs, including programs addressing cardiovascular health, health care and aging, and conduct behavioural risk factor surveillance and prevention research; (c) improve measurement, monitoring, and assessment of maternal and infant health, strengthen community-based maternal and perinatal health care systems, and improve and use surveillance systems to monitor and evaluate the quality of reproductive services; (d) strengthen their capacity to conduct surveillance, develop interventions and information technology tools, carry out access to care and economic impact studies, and share information related to diabetes prevention and control; (e) strengthen tobacco control through surveillance and evaluation, training, networking, and information exchange relative to policy approaches to implement smoke-free environments; (f) develop indicators and systems to monitor injuries and violence, conduct training and education, and to implement and evaluate comprehensive prevention strategies. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to the Pan American Health Organization (PAHO) for this project. PAHO is the oldest international public health agency, with over 100 years of experience in working to improve health and living standards of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System. It also serves as the Regional Office for the Americas of the World Health Organization (WHO) and enjoys international recognition as part of the UN system.

Since its creation in 1902, PAHO has worked to advance policies, plans and programs that improve health and human development. PAHO consists of thirty-eight Member States, and by encouraging collaboration among countries, PAHO aims to ensure that health promotion and non-communicable disease prevention strategies are incorporated both at the national and local level.

C. Funding

Approximately $989,900 is available in FY 2005 to fund this award. It is expected that the award will begin on or before July 29, 2005, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146. Telephone: 770–488–2700.

For programmatic questions about this program, contact: Angel Roca, National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway, NE., Atlanta, GA 30341. Telephone: 770–488–5647. E-mail: *axr4@cdc.gov.*

Dated: May 24, 2005.

Alan Kotch,

Acting Deputy Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 05–10945 Filed 6–1–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry Public Meeting of the Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy Sites: Oak Ridge Reservation Health Effects Subcommittee

Name: Public meeting of the Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Oak Ridge Reservation Health Effects Subcommittee (ORRHES).

Time and Date: 12 p.m.–6 p.m., June 28, 2005.

Place: DOE Information Center, 475 Oak Ridge Turnpike, Oak Ridge, TN. *Telephone:* (865) 241–4780.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Background: Under a Memorandum of Understanding (MOU) signed in October 1990 and renewed in September 2000 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE and replaced by an MOU signed in 2000, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS has delegated program responsibility to CDC. Community involvement is a critical part of ATSDR's and CDC's energy-related