system of records from the system manager at the above address.

RECORD REVIEW PROCEDURES:

Requests from individuals for access to their records should be addressed to the system manager.

PROCEDURE TO CONTEST A RECORD:

GSA rules for access to systems of records, contesting the contents of systems of records, and appealing initial determinations are published at 41 CFR Part 105–64.

RECORD SOURCES:

The sources are individuals, other employees, supervisors, other agencies, management officials, and non-Federal sources such as private firms.

[FR Doc. 05–20759 Filed 10–17–05; 8:45 am]

BILLING CODE 6820–34–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

2005 White House Conference on Aging Policy Committee

AGENCY: Administration on Aging, HHS.

ACTION: Notice of meeting.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C. Appendix 2), notice is hereby given of the eighth Policy Committee meeting concerning planning for the 2005 White House Conference on Aging. The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should inform the contact person listed below in advance of the meeting. This notice is being published less than 15 days prior to the meeting due to scheduling problems.

DATES: The meeting will be held Tuesday, October 25, 2005, from 1 p.m. to 4 p.m.

ADDRESSES: The meeting will be held in the Atrium Ballroom at The Washington Court Hotel, 525 New Jersey Avenue, NW., Washington, DC 20001–1527.

FOR FURTHER INFORMATION CONTACT: Kim Butcher at (301) 443–2887, or e-mail at *http://www.Kim.Butcher@whcoa.gov*. Registration is not required. Seating is on a first come, first-served basis.

SUPPLEMENTARY INFORMATION: Pursuant to the Older Americans Act Amendments of 2000 (Pub. L. 106–501, November 2000), the Policy Committee will meet to finalize discussions and planning, including a vote on the Annotated Agenda, for the 2005 WHCoA that will be held from December 11 through 14, 2005 at the Marriott Wardman Park Hotel in Washington, DC.

Dated: October 13, 2005.

Edwin L. Walker,

Deputy Assistant Secretary for Policy and Programs.

[FR Doc. 05–20834 Filed 10–17–05; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 58431–32, dated October 6, 2005) is amended to reflect the reorganization of the National Immunization Program.

Section C–B, Organization and Functions, is hereby amended as follows:

Revise the functional statement for the *Office of the Director (CJ1), National Immunization Program Office (CJ)* by inserting after item (12) the following: (13) creates and executes information science and technology strategic plans to provide the Program with related services (e.g., hardware/software consultation, database development and management, etc.) and ensures compliance with CDC IT infrastructure and requirements.

Delete in their entirety the following titles and functional statements of the *National Immunization Program Office (CJ)*:

Data Management Division (CJ2)
Systems Operation and Design Activity (CJ2–2)
Immunization Registry Support Branch (CJ22)
Assessment Branch (CJ23)
Statistical Analysis Branch (CJ24)

Following the title and functional statement for the *Health Services Research and Evaluation Branch (CJ46), Immunization Services Division (CJ4),* insert the following:

Immunization Registry Support Branch (CJ47). (1) Provides quality assurance for each program study, survey, and surveillance system evaluation of immunization registries at the state and local level to build an infrastructure to raise and sustain immunization coverage in children; (2) facilitates information flow among Program, divisions, grantees, professional organizations, and private contractors regarding immunization registry systems development through regular conference calls, clearinghouse function, up-to-date Web sites, and an annual national conference; (3) establishes complex health and technical functional specifications and standards for immunization registry systems developed by state and local health department personnel and commercial software developers to be used throughout public and private health delivery systems; (4) acts as a catalyst to build the political and professional will and legal environment to facilitate the development and implementation of immunization registries; (5) fosters evidence-based enhancements of immunization registries through on-site standardized evaluations and promoting research that identifies factors associated with system success and failure; (6) promotes the secure, automated exchange of immunization records between immunization registries by fostering consensus on, and implementation of, the required protocols and standards; (7) advocates for immunization registries in the development and maintenance of public health data models and participates in the development of such data models; and (8) formulates long-range plans and proposals for future systems modification, and facilitates the use of standards and expert guidance to assure national and international health information systems are responsive to agency and constituent needs.

Assessment Branch (CJ48). (1) Performs coding and editing, and arranges for data input either in-house or through an outside vendor; (2) collaborates with the National Center for Health Statistics, and other Centers as necessary, in the conduct of household probability surveys, random digit dialing surveys, and other types of surveys to measure immunization coverage; (3) collects, tabulates and analyzes immunization assessment data, including sample survey data, census counts at school entrance, monthly and/or quarterly vaccine administration reports, and the biologic reports from manufacturers; (4) designs sample surveys for epidemiologic investigations fro childhood and adult vaccine-preventable diseases; (5) develops and maintains liaison with external groups

regarding assessments; (6) directs the assessment of immunization levels for the national population and specific population sub-segments; (7) determines the most appropriate implementation procedure for data management activities operations for the NIS and NHIS Immunization coverage data; (8) provides documented data sets upon completion of studies and surveys; (9) establishes, implements, monitors, and maintains the standards and procedures for immunization-related data collection for data analysis for NIS data; and (10) establishes and evaluates data quality control measures to assure that all Program studies, surveys, and surveillance systems adhere to the established standards and procedures from data collection to the point of data analysis.

Dated: April 28, 2005.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

Editorial Note: This document was received at the Office of the Federal Register October 13, 2005.

[FR Doc. 05–20792 Filed 10–17–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 58431–58432, dated October 6, 2005) is amended to reorganize the National Personal Protective Technology Laboratory, National Institute for Occupational Safety and Health.

Section C–B, Organization and Functions, is hereby amended as follows:

After the title for the *National Personal Protective Technology Laboratory (CCL)* delete the functional statement and insert the following:

The mission of the National Personal Protective Technology Laboratory (NPPTL) is to prevent work-related injury and illness by ensuring the development, certification, deployment, and use of personal protective equipment and fully integrated, intelligent ensembles. To accomplish its mission, NPPTL: (1) Conducts a variety of laboratory and field research relating to the development and evaluation of innovative personal protective technologies and equipment; (2) researches and develops criteria, standards and guidelines relating to personal protective technology (PPT) performance, quality, reliability and efficacy; (3) directs and carries out the NIOSH respirator approval program and related laboratory, field, quality, and records activities; (4) produces and disseminates research findings, technical information, training materials, performance criteria, and recommendations for using personal protective equipment to improve protection of workers; (5) conducts surveillance of hazards at worksites for which protective technologies and equipment are used to protect workers, and studies patterns of personal protective technology (PPT) use; and (6) develops studies and assesses the effectiveness of communications and training approaches and technologies relating to PPT.

Technology Evaluation Branch (CCLE). (1) Administers Department of health and Human Services 42 CFR part 84 respirator approval program including processing respirator approval applications; i.e., certifying performance, quality, reliability, and efficacy of respiratory protection devices in accordance with Federal regulations and NIOSH policy; (2) evaluates and maintains official records on NIOSH-approved respirators; (3) evaluates quality control plans, including in-plant manufacturing-site quality system audits, and monitors the quality and performance of certified respirators; (4) evaluates personal protective technologies and equipment; (5) investigates field problems associated with NIOSH-certified respirators and other PPE; (6) recommends NIOSH activities to address product non-conformance such as NIOSH approval rescission, product recalls or retrofits, and public notification of potentially unsafe PPE products; (7) provides technical assistance on the selection, use, maintenance, and operation of respiratory protective equipment and other PPE; (8) conducts PPT failure investigations and analyses, and recommends criteria to improve PPT, and (9) recommends user guidelines, including cautions, limitations, and restrictions of use.

Technology Research Branch (CCLG). (1) Encourages and conducts research related to innovative technologies for new products; (2) conducts laboratory and field research of methods and PPT performance, quality, reliability, and efficacy, especially for new or emerging hazards and recommends criteria to improve PPT; (3) investigates emerging hazards and personal exposures to identify worker PPT needs and technology gaps; (4) conducts research for the effective integration of various personal protective technologies and equipment; (5) recommends performance, quality, reliability, and efficacy criteria; (6) conducts hypothesis testing-based research; (7) studies and improves human/technology interfaces; and (8) conducts research into the physiologic and psychologic stressors and worker responses to protective technologies and equipment.

Policy and Standards Development Branch (CCLH). (1) Develops and promulgates new approval PPE-related standards and regulations; (2) identifies where research is needed to support new standards, regulations, and policies relating to NIOSH-certified respirators and other PPE; (3) recommends NIOSH policy relating to the approval of respirators, including approval policies for innovative respirator features; (4) assesses research findings and translates them into effective recommendations for NIOSH policy, regulations, and auditing practices, especially for new PPE technologies or special applications of these technologies; (5) holds public meetings to solicit information concerning users needs and the feasibility of specific technologies; (6) participates in national and international PPE standard setting committees and establishes a national/international database of relevant standards, and (7) determines the public financial and legal impacts of Federal regulation revision.

Delete in their entirety the following titles and functional statements for the NPPTL: *Respirator Branch (CCC2), Technology Research Branch (CCC3), Surveillance Communications and Training Branch (CCC4).*

Dated: June 3, 2005.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. 05–20790 Filed 10–17–05; 8:45am]

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