

Dated: January 16, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8-1257 Filed 1-24-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-07BR]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Survey of Residential Care Facilities (NSRCF) 2008-2010—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as

amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The National Survey of Residential Care Facilities (NSRCF) is a new collection. It is designed to complement data collected by other federal surveys and to fill a significant data gap about a major portion of the long-term care population. Data from the NSRCF will provide a database on residential care facilities that researchers and policymakers can use to address a wide array of research and policy questions. The survey will utilize a computer-assisted personal interviewing (CAPI) system to collect information about facility and resident characteristics. This computerized system speeds the flow of data making it possible to release information on a more timely basis and makes it easier for respondents to participate in the survey.

A stratified random sample of residential care facilities across four strata (small, medium, large and extra large) will be selected to participate in the NSRCF. Within each facility a random sample of residents will be selected. To be eligible a facility must have four or more beds, be licensed, certified, or registered and provide or arrange for 24 hour supervision and personal care services for residents.

The facility questionnaire will collect data about facility characteristics (size, age, types of rooms), services offered, characteristics of the resident population, facility policies and services, costs of services, and

background of the administrator. The Resident Questionnaire collects information on resident demographics, current living arrangements within the facility, involvement in activities, use of services, charges for care, health status, and cognitive and physical functioning.

In the pretest 25 facility administrators, and 25 facility staff serving as respondents will be interviewed on an annualized basis, for a total of 75 facilities. Residents themselves will not be interviewed. For the national survey, approximately 2,250 facilities will be surveyed for an annual average of 750. Information on an average of 5 residents each will be collected.

Anticipated users of NSRCF data include, but are not limited to the CDC; the Congressional Research Office; the Bureau of Health Professions, Health Resources and Services Administration; the Office of the Assistant Secretary for Planning and Evaluation (ASPE); the Agency for Healthcare Research and Quality; the American Association of Homes and Services for the Aging; the National Hospice and Palliative Care Organization; American Health Care Association, Centers for Medicare and Medicaid Services (CMS), Bureau of the Census; and AARP. Other users of these data include universities, contract research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no cost to respondents other than their time to participate. The total estimated annualized burden hours are 2,778.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pretest			
Facility Administrator (Facility Screener)	25	1	10/60
Facility Administrator (Advance Data Collection Form)	25	1	15/60
Facility Administrator (Facility Questionnaire)	25	1	40/60
Facility Staff (Resident Questionnaire)	25	5	30/60
National Survey			
Facility Administrator (Facility Screener)	750	1	10/60
Facility Administrator (Advance Data Collection Form)	750	1	15/60
Facility Administrator (Facility Questionnaire)	750	1	40/60
Facility Staff (Resident Questionnaire)	750	5	30/60

Dated: January 16, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8-1260 Filed 1-24-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): FY 2008 National Office of Public Health Genomics (NOPHG) Seed Grants

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date:

1 p.m.–5 p.m., February 11, 2008 (Closed).

1 p.m.–5 p.m., February 12, 2008 (Closed).

1 p.m.–5 p.m., February 13, 2008 (Closed).

1 p.m.–5 p.m., February 14, 2008 (Closed).

1 p.m.–5 p.m., February 15, 2008 (Closed).

1 p.m.–5 p.m., February 19, 2008 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of proposals submitted in response to the FY 2008 NOPHG Seed Grants announcement.

Contact Person for More Information:

Brenda Colley Gilbert, Director, Extramural Research Program Office, Coordinating Center for Health Promotion, CDC, 1600 Clifton Road, NE., Mailstop K92, Atlanta, GA 30333, Telephone (770) 488-8390.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: January 18, 2008.

Diane Allen,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-1274 Filed 1-24-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-123]

Notice of Opportunity for Public to Provide NIOSH with Comment: Positive-Pressure Closed-Circuit Self-Contained Breathing Apparatus

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services.

ACTION: (1) *Notice of opportunity for public to provide NIOSH with comment* on the public's reevaluation of NIOSH limitations on and precaution for safe use of positive-pressure closed-circuit self-contained breathing apparatus, Authority: Public Law 91-596. (2) *Notice of opportunity for manufacturers and stakeholders to provide NIOSH with input* on the NIOSH prohibition against using a respirator which uses a breathing gas of pure oxygen during direct exposure to open flames and/or high radiant heat.

SUMMARY: The NIOSH, National Personal Protective Technology Laboratory (NPPTL), is currently reevaluating its limitations on and precaution for safe use of positive-pressure closed-circuit self-contained breathing apparatus. As stated in the **Federal Register** (Vol. 50, No. 222, pages 47456-47457 dated Monday, November 18, 1985) NIOSH's position on this topic is that:

Available information does not demonstrate to the satisfaction of NIOSH that positive-pressure closed-circuit self-contained breathing apparatus which use a breathing gas of pure oxygen can be used during direct exposure to open flames and/or high radiant heat and assure the wearer's safety. Therefore, NIOSH has determined that until it has been demonstrated to the satisfaction of NIOSH that those devices can be worn under such conditions, it is prudent to presently limit the use of positive-pressure closed-circuit self-contained breathing apparatus which use pure oxygen breathing gas to mines and mining atmospheres which do not involve exposure to open flames or high radiant heat.

Background: NIOSH/NPPTL is currently developing performance concepts as part of the rulemaking process to develop a Closed-Circuit Self-Contained Breathing Apparatus (CC-SCBA) Module. This process has identified that flame and heat durability requirements need to be considered as part of the module. On possible

inclusion to the requirements is the National Fire Protection Agency (NFPA) Heat and Flame Test, NFPA 1981, Section 8.11. NIOSH has conducted laboratory testing on two (2) different manufacturer's apparatus. In the initial testing, NFPA testing procedures were followed with the exception that a "dummy" cylinder was used in lieu of the oxygen cylinder. Test results were encouraging and were presented at NIOSH/NPPTL public meetings held on July 19, 2005 and on October 12, 2006. Arrangements are being made to conduct the same tests with full oxygen cylinders.

Additional research was garnered through testing conducted at a second laboratory. NPPTL personnel witnessed a Flame Engulfment Test. In Germany, Department 8 of the Association for the Promotion of German Fire Safety (VFDB) has included in its Guideline 0802 the same requirements for Close-Circuit Breathing Apparatus that has been written into the draft European Standard EN137 for Open-circuit Compressed Air Breathing Apparatus for flame engulfment. In this Directive, if special thermal loads for protective equipment cannot be excluded during tactical operation, the device must pass the flame engulfment test which is described in Appendix D. Their flame engulfment test is similar to NFPA's. In addition, this directive requires that when using closed-circuit compressed air breathing apparatus, type positive pressure with mixed gas supply (N₂, O₂) with an oxygen content of ≥ 30% by volume in the breathing circuit risks by oxygen emerging from a leakage in the mask cannot be excluded. These devices must pass the oxygen flame engulfment test procedure described in appendix G as follows:

- Simulate possible oxygen enrichment under a firefighter helmet according to EN 443 through a defined leakage in the respiratory protective mask (2.5 mm, 10 mm above the right temple strap). The test set-up simulates real conditions by equipping the test head with real hair, a flame protection hood and the respective neck curtains.
 - Flame engulfment test is in accordance with Appendix D
 - Device is attached to a test dummy and preheated in an oven at 90 ± 5° C for 15 minutes
 - Complete unit is then exposed to direct flames for 10 seconds
 - Test dummy with the apparatus is then lifted to 150 ± 5/0 mm and dropped
 - During the entire test, the device is connected to a breathing machine. The pass/fail criteria are: