

Type of respondent	Form name	No. of respondents	No. responses per respondent	Average burden per response (in hours)	Total burden hours
Industrial hygienists familiar with NIOSH.	NIOSH Customer Satisfaction Survey	193	1	20/60	64
Industrial hygienists not familiar with NIOSH.	NIOSH Customer Satisfaction Survey	8	1	6/60	1
Nurses familiar with NIOSH	NIOSH Customer Satisfaction Survey	117	1	6/60	12
Nurses not familiar with NIOSH	NIOSH Customer Satisfaction Survey	57	1	6/60	6
Physicians familiar with NIOSH	NIOSH Customer Satisfaction Survey	103	1	20/60	34
Physicians not familiar with NIOSH ...	NIOSH Customer Satisfaction Survey	53	1	6/60	5
Safety engineers familiar with NIOSH	NIOSH Customer Satisfaction Survey	157	1	20/60	52
Safety engineers not familiar with NIOSH.	NIOSH Customer Satisfaction Survey	32	1	6/60	3
Total	177

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-0672]

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

Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies in HIV Prevention, Coordinated School Health Program, and Asthma Management Activities for Adolescent and School Health Programs—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed project is an annual Web-based questionnaire to assess programmatic activities among local education agencies (LEA) and state, territorial, and tribal government education agencies (SEAs, TEAs, and TGs) funded by the Division of Adolescent and School Health (DASH), Centers for Disease Control and Prevention. The questionnaires are referred to as the Indicators for School Health Programs.

Currently, the Indicators for School Health Programs are the only standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities funded by DASH. There is no other standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities among LEAs and SEAs/TEAs/TGs funded by DASH. The data being gathered via the questionnaires: (1) Provides standardized information about how HIV prevention, CSHP/physical activity, nutrition, and tobacco (PANT) use, and asthma management funds are used by LEAs and SEAs/TEAs/TGs; (2) assesses the extent to which programmatic adjustments are indicated; (3) provides descriptive and process information about program activities; and (4) provides greater accountability for use of public funds. The questionnaires are completed by the DASH-funded partners on a Web site managed by DASH. The questionnaires are to be completed ninety days after the end of each fiscal year.

The Web-based questionnaires correspond to the specific funding source from the Division of Adolescent

and School Health: two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs/TGs; one pertains to CSHP/PANT activities among SEAs/TGs; and one pertains to asthma management activities among LEAs.

Two HIV prevention questionnaires include questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, and reducing health disparities among populations at disproportionate risk. CDC plans to implement minor changes in the HIV questionnaires beginning in year 2 of this clearance period.

The CSHP/PANT questionnaire focuses on the activities above as well as on physical activity, healthy eating, and tobacco-use prevention activities. CDC plans to implement minor changes in the CSHP/PANT questionnaire beginning in year 2 of this clearance period.

The asthma management questionnaire includes questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, reducing health disparities among populations at disproportionate risk, and health services. Information collection on asthma management programs will begin in year 2 of this clearance period.

There are no costs to respondents other than their time to complete the survey.

The total estimated annualized burden hours are 783.

Estimated Annualized Burden Hours:

Types of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA).	17	1	7
State and Territorial Education Agency Officials.	Indicators for School Health Programs: HIV Prevention (SEA).	55	1	7
State Education Agency Officials	Indicators for School Health Programs: Coordinated School Health Programs.	23	1	10
Local Education Agency Officials	Indicators for School Health Programs: Asthma Management (LEA).	7	1	7

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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Proposed Project

Hazardous Substances Emergency Events Surveillance (HSEES)—Extension—(OMB Control #0923-0008), Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous substances emergency events which can be used to (1) describe the distribution of the hazardous substances releases; (2) describe the public health consequences (morbidity, mortality, and evacuations) associated with the events; (3) develop strategies to reduce future public health consequences. The study population will consist of all hazardous substance non-permitted acute releases within the 14 states (Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, New Jersey, New York, North Carolina, Oregon, Texas, Utah, Washington, and Wisconsin) participating in the surveillance system.

Until this system was developed and implemented, there was no national public health-based surveillance system to coordinate the collation, analysis, and distribution of hazardous substances emergency release data to public health practitioners. It was necessary to

establish this national surveillance system which describes the public health impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department Hazardous Substances Emergency Events Surveillance (HSEES) coordinator using a variety of sources including written and oral reports from environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator using material safety data sheets, and chemical handbooks. There is a reduction in the annual burden hours per response because of the reduction in number of states from 15 to 14 and because of a change in the case definition of an HSEES event in 2005, which excludes stack emissions of oxides of nitrogen (NO_x), oxides of sulfur (SO_x), and carbon monoxide (CO) when they are not mixed with another hazardous substance.

The HSEES public use data set is available on the ATSDR HSEES Web site. Interested parties complete a brief description of who will be using the data and for what purpose in order to download the data. This allows ATSDR to widely distribute the data and track its usefulness. The estimated annual burden hours are 5,678.

There is no cost to the respondents other than their time.

Estimated Annualized Burden Hours:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating State Health Department HSEES Coordinators	14	536	45/60
Persons interested in HSEES data through Web site	500	1	6/60