disclosures, above, would be more than adequate to cover any burden imposed by this recordkeeping requirement.

To summarize, staff estimates that the Rule imposes a total of 116,790 burden hours, as follows: 150 recordkeeping and 3,390 testing and disclosure hours for manufacturers; 135 recordkeeping and 52,282 disclosure hours for installers; 10,833 disclosure hours for new home sellers; and 50,000 disclosure hours for retailers. Rounded to the nearest thousand, the total burden is 117,000 burden hours.

Estimated annual cost burden: $2,650,000, rounded to the nearest thousand (solely related to labor costs)

The total annual labor cost for the Rule's information collection requirements is $2,649,720, derived as follows: $690 for testing, based on 30 hours for manufacturers (30 hours x $23 per hour for skilled technical personnel); $3,705 for manufacturers' and installers' compliance with the Rule's recordkeeping requirements, based on 285 hours (285 hours x $13 per hour for clerical personnel); $43,680 for manufacturers' compliance with third-party disclosure requirements, based on 3,360 hours (3,360 hours x $13 per hour for clerical personnel); and $2,601,645 for disclosure compliance by installers, new home sellers, and retailers (113,115 hours x $23 per hour for sales persons).

There are no significant current capital or other non-labor costs associated with this Rule. Because the Rule has been in effect since 1980, members of the industry are familiar with its requirements and already have in place the equipment for conducting tests and storing records. New products are introduced infrequently. Because the required disclosures are placed on packaging or on the product itself, the Rule's additional disclosure requirements do not cause industry members to incur any significant additional non-labor associated costs.

William Blumenthal

General Counsel

[FR Doc. E8–16898 Filed 7–23–08: 8:45 am]

Billing Code: 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New]

Agency Information Collection Request 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Evaluating Institutions Research Misconduct Education Efforts—OMB No. 0990–NEW–Office of Research Integrity.

Abstract: The Office of Research Integrity (ORI) is conducting this study of Research Misconduct Education in medical schools because these institutions are responsible for dissemination of information and guidelines to their faculty, staff, and students concerning the U.S. Public Health Service (PHS) Policies on Research Misconduct (42 CFR Part 93). The ORI review of institutional research misconduct policies, investigation reports, requests for technical assistance in handling allegations, and analyses of filings of the Annual Report on Possible Research Misconduct (PHS 6349) have raised questions about the level of knowledge that medical school faculty conducting research and responding to allegations, and the faculty's perception of their institution's commitment to dealing with research misconduct. This study is designed to evaluate the knowledge of medical school faculty members about their institution's policies and procedures, identify best practices and approaches used by medical institutions, which account for the most positive perceptions of commitment and the best understanding of research misconduct. Also, the study will identify the areas of responsibility and specify the activities that institutions perform in the process of educating their employees to the meaning of scientific misconduct at their institutions.

This will involve a one-time data collection effort. These researchers have been identified from a list of medical school principal investigators (PIs) that we obtained from the National Institutes of Health (NIH). All received NIH research projects awards in 2005 or 2006.

ESTIMATED ANNUALIZED BURDEN HOURS

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Recruit Letters	Researchers	10,754	1	15/60	896
Web Survey	Researchers	10,754	1	20/60	3,585
Total					4,481

Terry Nicolosi,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8–16963 Filed 7–23–08; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''National Study of the Hospital Adverse Event Reporting Follow-Up Survey.'' In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by September 22, 2008.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

''National Study of the Hospital Adverse Event Reporting Follow-Up Survey''

This proposed information collection will conduct a survey similar to a previous AHRQ baseline survey conducted in 2005, which examined and characterized adverse event reporting in the Nation's hospitals (Farley DO, Haviland A, Champagne S, Jam AK, Battles JB, Munier WB, Loeb JM. Adverse Event Reporting Practices by U.S. Hospitals: Results of a National Survey, under review for publication). The follow-up survey will allow AHRQ to examine how hospitals' use of adverse event reporting systems has changed over time. The baseline survey was completed by 1,652 hospital risk managers selected from a nationally representative sample frame. The follow-up survey will consist of a random sample of 1,200 of the respondents to the baseline survey. We anticipate an 85% response rate for the follow-up survey, resulting in 1,020 completed questionnaires.

Similar to the baseline survey, the follow-up survey will ascertain whether hospitals collect information on adverse events, and how the information is stored. Information will also be collected regarding the hospital's case definition of a reportable event, whether information on the severity of the adverse event is collected, who might report this information and whether they can report to a system which is confidential and/or anonymous. The questionnaire also asks about the uses of the data that are collected, and whether information is used for purposes including analytic uses, personnel action, and improvement interventions. Finally, the questionnaire asks about the other sources of information that are useful to hospitals for patient safety-related interventions.

This project is being conducted pursuant to AHRQ's statutory mandates to (1) promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including methods for measuring quality and strategies for improving quality (42 U.S.C. 299(b)(1)(F)) and (2) conduct and support research on health care and on systems for the delivery of such care, including activities with respect to quality measurement and improvement (42 U.S.C. 299a(a)(2)). In addition, Congress has, in report language, directed AHRQ to provide a report detailing the results of its efforts to reduce medical errors. See Report for the Departments of Labor, Health and Human Services, and Education, and related agencies Appropriation Bill for Fiscal Year 2002, S. Rep. 107–84, at 11 (2001).

This project is being funded by AHRQ and conducted by the RAND corporation as part of a contract under which RAND serves as the Patient Safety Evaluation center for AHRQ's patient safety initiative.

Method of Collection

The baseline survey and data collection procedures have been previously conducted and reviewed (under OMB Number 0935–0125, Expiration Date 07/31/2008). The follow-up survey will include an initial mailed survey with two waves of mailed follow-ups as needed, and a computer-Assisted Telephone Interviewing (CATI) survey follow-up for the remaining non-responders. The survey will be completed by one Risk Manager per hospital.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this information collection. The questionnaire is expected to require 25 minutes to complete, resulting in a total burden of 425 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents, which is estimated to be $11,518. The respondents will not incur any other costs beyond those associated with their time to participate.

EXHIBIT 1.—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Risk manager questionnaire	1,020	1	25/60	425
Total	1,020	NA	NA	425