viruses. For additional information about EPA's public docket visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm.*

Docket: All documents in the docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, e.g., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy at the Board of Scientific Counselors (BOSC), Executive Committee Meeting—August 6, 2009 Docket, EPA/DC, EPA West, Room B102, 1301 Constitution Ave., NW., Washington, DC. The Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Public Reading Room is (202) 566–1744, and the telephone number for the ORD Docket is (202) 566–1752.

FOR FURTHER INFORMATION CONTACT: The Designated Federal Officer via mail at: Lorelei Kowalski, Mail Code 8104–R, Office of Science Policy, Office of Research and Development, Environmental Protection Agency, 1200 Pennsylvania Avenue, NW., Washington, DC 20460; via phone/voice mail at: (202) 564–3408; via fax at: (202) 565–2911; or via e-mail at: *kowalski.lorelei@epa.gov*.

SUPPLEMENTARY INFORMATION:

General Information

Any member of the public interested in receiving a draft BOSC agenda or making a presentation at this meeting may contact Lorelei Kowalski, the Designated Federal Officer, via any of the contact methods listed in the ''**FOR FURTHER INFORMATION CONTACT**'' section above. In general, each individual making an oral presentation will be limited to a total of three minutes.

Proposed agenda items for the teleconference include, but are not limited to: vet the draft Human Health program review report and discuss a revised process for program reviews. The meeting is open to the public.

Information on Services for Individuals with Disabilities: For information on access or services for individuals with disabilities, please contact Lorelei Kowalski at (202) 564–3408 or *kowalski.lorelei@epa.gov.* To request accommodation of a disability, please contact Lorelei Kowalski, preferably at least ten days prior to the meeting, to give EPA as much time as possible to process your request.

Dated: July 14, 2009.

Mimi Dannel,

Acting Director, Office of Science Policy.

[FR Doc. E9–17276 Filed 7–20–09; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–8933–1]

Protection of Stratospheric Ozone: Extension to Deadline for Critical Use Exemption Applications for 2012

AGENCY: Environmental Protection Agency (EPA).

ACTION: Extension to Submittal Date for Applications. On May 20, 2009, the Agency published a notice requesting applications for the Critical Use Exemption from the phaseout of methyl bromide for 2012 (*see* 74 FR 23705).

On July 1, 2009, EPA received a letter from methyl bromide stakeholders requesting an extension to the July 20, 2009 deadline for submitting Critical Use Exemption applications. The letter requested a deadline of August 24, 2009.

The letter explained that additional time is needed by the stakeholders to complete their Critical Use Exemption applications, citing recent industry involvement with associated international meetings and national regulatory decisions as impeding their ability to devote adequate time to the application process.

EPA believes that the requested extension is reasonable, and is granting the extension to all applicants. Critical Use Exemption Applications for 2012 are now due to the Agency on or before August 24, 2009. A copy of the July 1, 2009 letter to the Agency is available in the EPA Docket.

DATES: Applications for the 2012 Critical Use Exemption must be postmarked on or before August 24, 2009.

ADDRESSES: Applications for the methyl bromide Critical Use Exemption should be submitted in duplicate (two copies) by mail to: U.S. Environmental Protection Agency, Office of Air and Radiation, Stratospheric Protection Division, Attention Methyl Bromide Team, Mail Code 6205J, 1200 Pennsylvania Ave, NW., Washington, DC 20460 or by courier delivery (other than U.S. Post Office overnight) to: U.S. Environmental Protection Agency, Office of Air and Radiation, Stratospheric Protection Division, Attention Methyl Bromide Review Team, 1310 L St. NW., Room 1040, Washington DC 20005. EPA also encourages users to submit their applications electronically to Robert Burchard, Stratospheric Protection Division, at: *burchard.robert@epa.gov.* If the application is submitted electronically, applicants must fax a signed copy of Worksheet 1 to Robert Burchard at 202–343–2338 by the application deadline.

FOR FURTHER INFORMATION CONTACT:

General Information: U.S. EPA Stratospheric Ozone Information Hotline, 1–800–296–1996; also *http://www.epa.gov/ozone/mbr.*

Technical Information: Bill Chism, U.S. Environmental Protection Agency, Office of Pesticide Programs (7503P), 1200 Pennsylvania Ave., NW., Washington, DC 20460, 703–308–8136. E-mail: *chism.bill@epa.gov.*

Economic Information: Elisa Rim, U.S. Environmental Protection Agency, Office of Pesticide Programs (7503P), 1200 Pennsylvania Ave., NW., Washington, DC 20460, 703–308–8123. E-mail: *rim.elisa@epa.gov.*

Regulatory Information: Robert Burchard, U.S. Environmental Protection Agency, Stratospheric Protection Division (6205J), 1200 Pennsylvania Ave., NW., Washington, DC 20460, 202–343–9126. E-mail: *burchard.robert@epa.gov.*

EPA Docket: The docket can be accessed at the *http://www.regulations.gov* site. To obtain copies of materials in hard copy, please e-mail the EPA Docket Center: *a-and-r-docket@epa.gov.* The Docket ID No. for Critical Use Exemption Applications for 2012 is: EPA–HQ–OAR–2009–0277.

Dated: July 15, 2009.

Brian J. McLean,

Director, Office of Atmospheric Programs.

[FR Doc. E9–17275 Filed 7–20–09; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09–0666]

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 Healthcare Safety Network (NHSN) (OMB No. 0920–0666)—Revision—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and to promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks.

Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a web browser-based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. This revision submission to OMB is a request to add a Hemovigilance module to the NHSN. This module is a response to a recommendation from HHS' Advisory Committee on Blood Safety and Availability (ACBSA) to develop a national system for outcome surveillance that includes recipients of blood and blood products. The module consists of 6 additional forms: (1) The Hemovigilance Module Annual Survey (1,000 annualized burden hours); (2) the Hemovigilance Module Monthly Reporting Plan (200 annualized burden hours); (3) Hemovigilance Module Blood Produce Incident Reporting—Summary Data (12,000 annualized burden hours); (4) Hemovigilance Module Monthly Reporting Denominators (3,000 annualized burden hours); (5) Hemovigilance Incident form (6,000 annualized burden hours); and (6) Hemovigilance Adverse Reaction form (10,000 annualized burden hours). The Hemovigilance Module totals an estimated 32,200 annualized burden hours

Also in this submission, CDC is also requesting to delete two forms currently approved by OMB: Implementation of Engineering Controls (currently approved for 300 burden hours) and the Laboratory Identified Multi-drug Resistant Organism (MDRO) Event Summary Form (currently approved for 4,500 burden hours). These forms are no longer needed by the NHSN. These deletions total 4,800 burden hours.

NHSN was first approved by OMB in 2005 and a revision request was approved by OMB in 2008. The 2008 revision request included modifications to approved forms, new modules, and an increase in the number of respondents. Later in 2008, CDC requested and received OMB approval to increase the number of respondents for the NHSN to 6,000 healthcare facilities. This change was a result of an increasing number of State legislatures requiring reporting of healthcare-acquired infections by healthcare facilities using the NHSN.

Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. The only other cost to respondents is their time to complete the appropriate forms.

OMB No. 0920–0666: National Healthcare Safety Network (NHSN) is currently approved for 5,144,844 annualized burden hours. This request includes a net increase of 27,400 burden hours (deletion of 2 forms: −4,800 burden hours; new Hemovigilance Module: +32,200 burden hours), bringing the total estimated annualized burden hours for the entire information collection request to 5,172,244 hours. There are no additional respondents for this request as they are already part of the respondent population.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Infection Control Practitioner	Facility Contact Information	6,000	1	10/60
	Patient Safety Component Hospital Survey	6,000	1	30/60
	Agreement to Participate and Consent	6,000	1	15/60
	Group Contact Information	6,000	1	5/60
	Patient Safety Monthly Reporting Plan	6,000	9	35/60
	Healthcare Personnel Safety Reporting Plan	600	9	10/60
	Primary Bloodstream Infection (BSI)	6,000	36	30/60
	Pneumonia (PNEU)—also includes Any Patient Pneumonia Flow Diagram and Infant and Children Pneumonia Flow Diagram.	6,000	72	30/60
	Urinary Tract Infection (UTI)	6,000	27	30/60
	Surgical Site Infection (SSI)	6,000	27	30/60
.	Dialysis Event (DI)	225	200	15/60
	Antimicrobial Use and Resistance (AUR)—Microbiology Laboratory Data.	6,000	45	3
	Antimicrobial Use and Resistance—Pharmacy Data.	6,000	36	2
	Denominators for Intensive Care Unit (ICU)/Other locations (Not NICU or SCA).	6,000	18	5
	Denominators for Specialty Care Area (SCA)	6,000	9	5
	Denominators for Neonatal Intensive Care Unit (NICU).	6,000	9	4
	Denominator for Procedure	6,000	540	8/60
	Denominator for Outpatient Dialysis	225	9	5/60
	Dialysis Survey	225	1	1

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	List of Blood Isolates	6,000	1	1
	Manual Categorization of Positive Blood Cultures.	6,000	1	1
	Exposures to Blood/Body Fluids	600	50	1
	Healthcare Personnel Post-exposure Prophylaxis.	600	10	15/60
	Healthcare Personnel Demographic Data	600	200	20/60
	Healthcare Personnel Vaccination History	600	300	10/60
	Annual Facility Survey	600	1	8
	Healthcare Worker Survey	600	100	10/60
	Healthcare Personnel Influenza Vaccination Form.	600	500	10/60
	Healthcare Personnel Influenza Antiviral Medication Administration Form.	600	50	10/60
	Pre-season Survey on Influenza Vaccination Programs for Healthcare Workers.	600	1	10/60
	Post-Season Survey on Influenza Vaccination Programs for Healthcare Workers.	600	1	10/60
	Central Line Insertion Practices Adherence Monitoring Form (CLIP).	6,000	100	10/60
	Laboratory Testing	600	100	15/60
	MDRO Prevention Process and Outcome Measures Monthly Monitoring Form.	6,000	24	10/60
	MDRO or CDAD Infection Event Form	6,000	72	30/60
	Laboratory Identified MDRO or CDAD Event Form (LabID).	6,000	240	30/60
	Registration Form	6,000	1	5/60
	High Risk Inpatient Influenza Vaccine—Summary Form Method A.	6,000	5	16
	High Risk Inpatient Influenza Vaccine—Numerator Data Form Method B.	2,000	250	10/60
	High Risk Inpatient Influenza Vaccine—Summary Form Method B.	2,000	5	4
	High Risk Inpatient Influenza Vaccine—Denominator Data Form Method B.	2,000	250	5/60
	Hemovigilance Module Annual Survey	500	1	2
	Hemovigilance Module Monthly Reporting Plan.	500	12	2/60
	Hemovigilance Module Blood Product Incident Reporting—Summary Data.	500	12	2
	Hemovigilance Module Monthly Reporting Denominators.	500	12	30/60
	Hemovigilance Incident	500	72	10/60
	Hemovigilance Adverse Reaction	500	120	10/60

Dated: July 13, 2009.

Marilyn S. Radke,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–17263 Filed 7–20–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–09–09CD]

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. Alternatively, to obtain a copy of the data collection plans and instrument, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30333; comments may also be sent by 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 a 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