no costs to respondents other than their time. The total estimated burden hours are 8,301.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Adults in CTG Awardee Communities	Adult Targeted Surveillance Survey Recruitment Screener.	10,000	1	2/60
	Adult Targeted Surveillance Survey	10,000	1	28/60
Adults Participants in the Youth and Adult Biometric Study.	Adult Targeted Surveillance Survey Recruitment Screener.	1,300	1	2/60
	Adult Targeted Surveillance Survey	1,300	1	28/60
	Adult Biometric Measures Recruitment Screener (phone/paper).	2,000	1	8/60
	Adult Biometric Measures Recruitment Screener (in-person).	2,000	1	2/60
	Youth Survey Recruitment Screener for Parent/Guardian.	800	1	2/60
	Adult Biometric Measures	2,000	1	30/60
	Adult Activity Diary and Reminder	500	1	20/60
	Caregiver Survey Recruitment Screener	800	1	2/60
	Caregiver Survey	800	1	18/60
	Caregiver Activity Diary (on behalf of young child).	250	1	10/60
Children Participants in the Youth and Adult Biometric Study.	Child or Youth Biometric Measures.	1,600	1	20/60
	Youth Activity Diary	250	1	10/60
	Youth Survey Recruitment Screener for Youth.	800	1	2/60
	Youth Survey	800	1	16/60

Dated: July 31, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Directors, Centers for Disease Control and Prevention.

[FR Doc. 2012–19260 Filed 8–6–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–12–0834]

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 (404) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Occupational injuries and illnesses among emergency medical services (EMS) workers: A NEISS–Work telephone interview survey (0920–0834, Expiration 12/31/2012)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Studies have reported that EMS workers have higher rates of non-fatal injuries and illnesses as compared to the general worker population. As EMS professionals are tasked with protecting the health of the public and treating urgent medical needs, it follows that understanding and preventing injuries and illnesses among EMS workers will have a benefit reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and illnesses incurred by EMS workers. The project will use two related data sources. The first source is data abstracted from medical records of EMS workers treated in a nationally stratified sample of emergency departments. These data are routinely collected by the occupational supplement to the National Electronic Injury Surveillance System (NEISS–Work). The second data source, for which NIOSH is seeking OMB approval for a two year extension, is responses to telephone interview surveys of the injured and ill EMS workers identified within NEISS–Work. Collection of telephone interview data began in July 2010.

Data collected under the original OMB approval for this project indicate that EMS workers are willing to respond to detailed questions about their occupational injury and related circumstances. However, in order to obtain enough data to produce stable, detailed national estimates, data collection should continue until July 1, 2014. This will provide a total of four years of data for analysis. The only revisions to this project are related to a reduced annual sample, based on the annual number of interviews collected to-date, and a reduced cost burden due to a decrease in estimated respondent costs due to a decrease in the average hourly wage of EMS workers.

The ongoing telephone interview surveys will supplement NEISS–Work data with an extensive description of EMS worker injuries and illnesses, including worker characteristics, injury types, injury circumstances, injury

outcomes, and use of personal protective equipment. Previous reports describing occupational injuries and illnesses to EMS workers provide limited details on specific regions or sub-segments of the population. As compared to these earlier studies, the scope of the telephone interview data will be broader as it includes sampled cases nationwide and has no limitations in regards to type of employment (i.e., volunteer versus career). Results from the telephone interviews will be weighted and reported as estimates of EMS workers treated for occupational injuries and illnesses in emergency departments.

The sample size for the telephone interview survey is estimated to be approximately 150 EMS workers annually for the proposed four year duration of the study. This estimate is based on preliminary analysis of the data collected to-date. This revised estimate was reduced from the original sample projection of 175 EMS workers. Consequently, the burden has been reduced as well. Each telephone interview will take approximately 20 minutes to complete, resulting in an annualized burden estimate of 50 hours.

This project is a collaborative effort between the Division of Safety Research in the NIOSH and the Office of Emergency Medical Services in the National Highway Traffic Safety Administration. Both agencies have a strong interest in improving surveillance of EMS worker injuries and illnesses to provide the information necessary for effectively targeting and implementing prevention efforts and, consequently, reducing occupational injuries and illnesses among EMS workers.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 50.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EMS workers	150	1	20/60

Dated: July 31, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Directoros, Centers for Disease Control and Prevention.

[FR Doc. 2012–19255 Filed 8–6–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12PZ]

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. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Kimberly S. Lane, at 1600 Clifton Road, MS D74, Atlanta, GA 30333 or send an email 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 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 use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Proficiency Testing in U.S. Clinical Laboratories: Perception, Practices and Potential for Expanded Utility—NEW—the Office of Surveillance, Epidemiology and Laboratory Services (OSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The primary focus of this project is to conduct a systematic analysis in order to understand which types of laboratories would be likely to follow Proficiency Testing (PT) Good Laboratory Practices (GLPs). The Association of Public Health Laboratories (APHL) and CDC (Centers for Disease Control and Prevention) hope to learn more about which laboratories are not following Clinical Laboratory Amendments of 1988 (CLIA) PT guidelines and the reasons why. Our survey population frame is 20,500 Certificate of Compliance laboratories and 16,800 Certificate of Accreditation laboratories. All of these laboratories are required to perform PT in accordance with the CLIA. Many of these labs also use their PT results internally for laboratory quality improvement (PT GLPs).

In addition, Centers for Medicaid and Medicare Services (CMS) and CDC are currently collaborating to revise the CLIA regulations to update the list of non-microbiological tests (analytes) for which PT is required, and to update the requirements for microbiology PT. Both of these changes are expected to have some impact on clinical and public health laboratories, but CDC has very little data to estimate the impact. This information is needed to complete the regulatory impact analysis. The Department of Health and Human Services knows very little about which analytes are tested in the affected laboratories other than those for which PT is required by CLIA regulations. This survey will ask laboratories whether they offer testing for candidate analytes, and how the regulatory changes would impact their costs and PT practices in their laboratory. Similarly for microbiology laboratories, CMS and CDC are considering whether to remove the levels of service model for PT enrollment. Therefore the survey will ask a sample of microbiology laboratories how this and other potential changes would impact their costs, PT practices, and perceived risk of failing PT.

The goal of this project is to complete a needs assessment to identify the populations that would benefit from receiving information on PT GLPs. Since laboratories already pay for these