

received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). Therefore, you may want to review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477) or visit <http://www.regulations.gov> before submitting any such comments.

Docket: For access to the docket or to read background documents or comments, go to <http://www.regulations.gov> at any time or to Room W12-140 on the ground level of DOT, West Building, 1200 New Jersey Avenue SE., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. If you wish to receive confirmation of receipt of your written comments, please include a self-addressed, stamped postcard with the following statement: "Comments on PHMSA-2012-0215." The Docket Clerk will date stamp the postcard prior to returning it to you via the U.S. mail. Please note that due to delays in the delivery of U.S. mail to Federal offices in Washington, DC, we recommend that persons consider an alternative method (internet, fax, or professional delivery service) of submitting comments to the docket and ensuring their timely receipt at DOT.

FOR FURTHER INFORMATION CONTACT:

Angela Dow by telephone at 202-366-1246, by fax at 202-366-4566, or by mail at DOT, PHMSA, 1200 New Jersey Avenue SE., PHP-30, Washington, DC 20590-0001.

SUPPLEMENTARY INFORMATION: Section 1320.8(d), Title 5, Code of Federal Regulations, requires PHMSA to provide interested members of the public and affected agencies an opportunity to comment on information collection and recordkeeping requests. This notice identifies an information collection request that PHMSA will be submitting to OMB for renewal. The following information is provided for that information collection: (1) Title of the information collection; (2) OMB control number; (3) Current expiration date; (4) Type of request; (5) Abstract of the information collection activity; (6) Description of affected public; (7) Estimate of total annual reporting and recordkeeping burden; and (8) Frequency of collection. PHMSA will request a three-year term of approval for the information collection activity. PHMSA requests comments on the following information collections:

Title: Pipeline Safety: Control Room Management/Human Factors.

OMB Control Number: 2137-0624.

Current Expiration Date: 1/31/2013.

Abstract: 49 CFR 192.631 and 195.446 address human factors and other components of control room management. These regulations require operators of hazardous liquid pipelines and gas pipelines to develop and implement a human factors management plan designed to reduce risk associated with human factors in each control room.

Affected Public: Private sector; Operators of both natural gas and hazardous liquid pipeline systems.

Annual Reporting and Recordkeeping Burden:

Total Annual Responses: 2,702.

Total Annual Burden Hours: 1,018,807.

Frequency of Collection: On Occasion.

Title: Integrity Management Program for Gas Distribution Pipelines.

OMB Control Number: 2137-0625.

Current Expiration Date: 1/31/2013.

Abstract: The Federal Pipeline Safety Regulations in 49 CFR, Part 192, Subpart P require operators of gas distribution pipelines to develop and implement integrity management (IM) programs. The purpose of these programs is to enhance safety by identifying and reducing pipeline integrity risks. PHMSA requires that operators maintain records demonstrating compliance with these requirements for 10 years, and that these records must include superseded IM plans.

Affected Public: Operators of gas distribution pipeline systems.

Annual Reporting and Recordkeeping Burden:

Total Annual Responses: 9,343.

Total Annual Burden Hours: 865,178.

Frequency of Collection: On occasion.

Comments are invited on:

(a) The need for the proposed collection of information for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques.

Issued in Washington, DC, on August 21, 2012.

John A. Gale,

Director, Office of Standards and Rulemaking.

[FR Doc. 2012-20935 Filed 8-24-12; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-New (VA Form 10-0529a-f)]

Agency Information Collection: Emergency Submission for OMB Review (PACT Demo Lab, Clinical Innovation Study: Implementation of a Patient Centered Medical Home for OEF/OIF Veterans With PTSD: Bridging Primary and Behavioral Health Care); Comment Request

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C., 3501-3521), this notice announces that the Department of Veterans Affairs (VA), will submit to the Office of Management and Budget (OMB) the following emergency proposal for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. 3507(j)(1)). An emergency clearance is being requested for information needed to develop and evaluate a patient-centered model of care for OEF/OIF veterans with PTSD.

DATES: Comments must be submitted on or before September 6, 2012.

ADDRESSES: Send comments and recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-7316 or FAX (202) 395-6974. Please refer to "2900-New (VA Form 10-0529a-f).

FOR FURTHER INFORMATION CONTACT: Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 632-7479, Fax (202) 632-7583 or email: denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-New VA Form (10-0529a-f).

SUPPLEMENTARY INFORMATION:

Titles: PACT Demo Lab, Clinical Innovation Study: Implementation of a Patient Centered Medical Home for

OEF/OIF Veterans with PTSD: Bridging Primary and Behavioral Health Care.

a. SF 12, Questionnaire, VA Form 10-0529.

b. (Patient Health Questionnaire-9 (PHQ-9), VA Form 10-0529a.

c. PTSD Checklist (PCL), VA Form 10-0529Bb.

d. Patient Satisfaction Questionnaire-Short Form (PSQ-18), VA Form 10-0529c.

e. Combat Exposure Scale (CES), VA Form 10-0529d.

f. World Health Organization Quality of Life (WHOQOL-BREF), VA Form 10-0529e.

g. World Health Organization Disability Assessment Schedule II (WHODAS-II), VA Form 10-0529f.

OMB Control Number: 2900-New.

Type of Review: New data collection.

The data collected on VA Forms 10-0529a-f will be used to develop and evaluate a patient-centered model of care for OEF/OIF Veterans with PTSD. The forms will be used to survey the effectiveness of the patient centered medical home model by enhancing the conventional care currently provided in the care of patients with PTSD.

Affected Public: Individuals or households.

Estimated Annual Burden: 420.

Frequency of Response: Annually.

Estimated Average Burden per Respondent: 10 minutes.

Estimated Number of Respondents: 840.

Estimated Number of Responses: 2,520.

Dated: August 21, 2012.

By direction of the Secretary.

Denise McLamb,

Program Analyst Director, Enterprise Records Service.

[FR Doc. 2012-20916 Filed 8-24-12; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-New (VA Form 10-0532a-k)]

Agency Information Collection: Emergency Submission for OMB Review (PACT: Clinical Innovation Study—Helping Veterans Manage Chronic Pain); Comment Request

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C., 3501-3521), this notice

announces that the Department of Veterans Affairs (VA), will submit to the Office of Management and Budget (OMB) the following emergency proposal for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. 3507(j)(1)). An emergency clearance is being requested for information needed to assess the effectiveness of pain care management provided to veterans.

DATES: Comments must be submitted on or before September 6, 2012.

ADDRESSES: Send comments and recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-7316 or FAX (202) 395-6974. Please refer to "2900-New (VA Form 10-0532a-k).

FOR FURTHER INFORMATION CONTACT: Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 632-7479, FAX (202) 632-7583 or email: denise.mclamb@va.gov. Please refer to "OMB Control No. 2900-New (VA Form 10-0532a-k).

SUPPLEMENTARY INFORMATION:

Titles: Clinical Innovation Study—Helping Veterans Manage Chronic Pain

a. Pain Care Management Tracking Tool, VA Form 10-0532.

b. Pain Care Management Self Monitoring Form (unpublished), VA Form 10-0532a.

c. Pain Outcomes Questionnaire (Clark, Gironde, & Young, 2003), VA Form 10-0532b.

d. The Multidimensional Pain Inventory (MPI; Kearns, Turk, & Rudy, 1985), VA Form 10-0532c.

e. Pain Catastrophizing Scale (Osman, Barrios, Gutierrez, Kopper, Merrifield, & Grittmann, 2000), VA Form 10-0532d.

f. The Oswestry Disability Index (Fairbank & Pynsent, 2000), VA Form 10-0532e.

g. Brief Pain Inventory—Short Form (BPI; Cleeland, 1991). Administered at baseline and each follow-up, VA Form 10-0532f.

h. Fear-Avoidance Beliefs Questionnaire (FABQ; Waddell, Newton, et al., 1993), VA Form 10-0532g.

i. The Brief COPE (Carver, 1997), VA Form 10-0532h.

j. Depression and Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995), VA Form 10-0532i.

k. Patient Health Questionnaire

(PHQ-9; Kroenke, Spitzer, & Williams, 2001), VA Form 10-0532j.

l. Generalized Anxiety Disorder (GAD-7); Spitzer, Kroenke, Williams, & Lowe, 2006), VA Form 10-0532k.

OMB Control Number: 2900-New.

Type of Review: New data collection.

Abstract: The data collected on VA Form 10-0532a-k will be used to: (1) Assess the effectiveness of patient care management (PCM) in increasing patients' functionality, improving quality of life, and improving pain control relative to usual care and (2) to assess the impact of PCM on depression and anxiety relative to usual care. This data collection's model has been designed to serve patients by augmenting existing pain management interventions (e.g., medications, physical therapy) by teaching pain care management skills that patients can incorporate into their daily activities. VA will use the information to evaluate the effectiveness of the intervention so that it can most effectively be applied to future patients with chronic pain problems.

Affected Public: Individuals or households.

Estimated Annual Burden

a. VA Form 10-0532—67 hours.

b. VA Form 10-0532a—80 hours.

c. VA Form 10-0532b—200 hours.

d. VA Form 10-0532c—80 hours.

e. VA Form 10-0532d—53 hours.

f. VA Form 10-0532e—53 hours.

g. VA Form 10-0532f—133 hours.

h. VA Form 10-0532g—19 hours.

i. VA Form 10-0532h—27 hours.

j. VA Form 10-0532i—93 hours.

k. VA Form 10-0532j—67 hours.

l. VA Form 10-0532k—67 hours.

Estimated Average Burden per Respondent

a. VA Form 10-0532—5 minutes.

b. VA Form 10-0532a—10 minutes.

c. VA Form 10-0532b—15 minutes.

d. VA Form 10-0532c—15 minutes.

e. VA Form 10-0532d—10 minutes.

f. VA Form 10-0532e—10 minutes.

g. VA Form 10-0532f—10 minutes.

h. VA Form 10-0532g—7 minutes.

i. VA Form 10-0532h—10 minutes.

j. VA Form 10-0532i—7 minutes.

k. VA Form 10-0532j—5 minutes.

l. VA Form 10-0532k—5 minutes.

Frequency of Response: Monthly.

Estimated Number of Respondents

a. VA Form 10-0532—800.

b. VA Form 10-0532a—480.

c. VA Form 10-0532b—800.

d. VA Form 10-0532c—320.

e. VA Form 10-0532d—320.

f. VA Form 10-0532e—320.

g. VA Form 10-0532f—800.