

identified as Operational Measures in ASME B31.8S.)

- *Failure Measures* that reflect whether the program is effective in achieving the objective of improving integrity. (Also identified as Direct Integrity Measures in ASME B31.8S)

- Metrics that measure and provide insights into how well an operator's processes associated with the various integrity management program elements are performing. Examples of such processes would include integrity assessment, risk analysis, the identification of preventive and mitigative measures, etc.

While operator-level rollups of metrics are useful for small operators, a robust program for large operators should also include metrics at a more granular level. The metrics should enable operators to drill down to understand the performance of specific systems or segments within systems. This is particularly important for the threat-specific metrics mentioned previously.

Finally, as required by §§ 195.452(l) and 192.947, operators must keep records supporting the decisions, analyses, and processes developed and used in their evaluation of integrity management program effectiveness. These records should include those justifying the selection of performance metrics, the performance metric data and trends, and how these metrics are used to improve the integrity management program. Operators should also be diligently working to eliminate

information and data gaps throughout their entire integrity management program.

Issued in Washington, DC, on November 29, 2012.

**Jeffrey D. Wiese,**

*Associate Administrator for Pipeline Safety.*

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## **DEPARTMENT OF VETERANS AFFAIRS**

### **Clinical Science Research and Development Service Cooperative Studies Scientific Evaluation Committee; Notice of Meeting**

The Department of Veterans Affairs gives notice under the Federal Advisory Committee Act, 5 U.S.C. App. 2, that the Clinical Science Research and Development Service Cooperative Studies Scientific Evaluation Committee will hold a meeting on December 13, 2012, at the Hamilton Crowne Plaza, 1001 14th Street NW., Washington, DC. The meeting is scheduled to begin at 8:30 a.m. and end at 4 p.m.

The Committee advises the Chief Research and Development Officer through the Director of the Clinical Science Research and Development Service on the relevance and feasibility of proposed projects and the scientific validity and propriety of technical details, including protection of human subjects.

The session will be open to the public for approximately 30 minutes at the start of the meeting for the discussion of administrative matters and the general status of the program. The remaining portion of the meeting will be closed to the public for the Committee's review, discussion, and evaluation of research and development applications.

During the closed portion of the meeting, discussions and recommendations will deal with qualifications of personnel conducting the studies, staff and consultant critiques of research proposals and similar documents, and the medical records of patients who are study subjects, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. As provided by section 10(d) of Public Law 92-463, as amended, closing portions of this meeting is in accordance with 5 U.S.C. 552b(c)(6) and (c)(9)(B).

Those who plan to attend should contact Dr. Grant Huang, Deputy Director, Cooperative Studies Program (10P9CS), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, at (202) 443-5700 or by email at [grant.huang@va.gov](mailto:grant.huang@va.gov).

By Direction of the Secretary.

Dated: November 29, 2012.

**Vivian Drake,**

*Committee Management Officer.*

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