

Prevention and the Agency for Toxic Substances and Disease Registry.

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[30Day-16-16GX]

#### **Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or

send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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**

Mining Industry Surveillance System—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Federal Mine Safety and Health Act of 1977, Section 501, enables NIOSH to carry out research relevant to the health and safety of workers in the mining industry. Surveillance of occupational injuries, illnesses, and exposures has been an integral part of the work of NIOSH since its creation by the Occupational Safety and Health Act in 1970. Surveillance activities at the Office of Mine Safety and Health Research (OMSHR), a division of NIOSH, are focused on the nation's mining workforce.

OMSHR is planning to develop the Mining Industry Surveillance System, a unique source of longitudinal information on U.S. mines and their employees. Its purpose will be to: (1) Track changes and emerging trends over time; (2) provide current data to guide research and training activities; (3) provide updated demographic and occupational data for the mining workforce; and (4) provide denominator data to help understand the risk of work-related injuries, disease, and fatalities in specific demographic and occupational subgroups.

The goal of the proposed project is to improve its surveillance capability related to the occupational risks in mining. NIOSH is requesting a three-year approval for this data collection.

NIOSH is planning to use the Mining Industry and Workforce Survey (MIWS) to collect data for the Mining Industry Surveillance System. Data will be collected through surveys conducted on

a rotating basis in mining sectors aligned with national mining association. In Phase 1 of the project, the MIWS will be conducted in the stone/sand and gravel mining sector in year 1, the metal/nonmetal mining sector in year 2, and the coal mining sector in year 3. Data from this survey will provide denominator data so that accident, injury, and illness reports can be evaluated in relation to the population at risk. Additionally, NIOSH cannot separately determine the number of contractor employees working in metal, nonmetal, stone, or sand and gravel mines. The survey will collect mine-level data on contractor employees to allow NIOSH to determine the quantity of contract labor that mine operators use and the type of work these employees perform. NIOSH will also use the MIWS to collect mine-level data that will provide a valuable picture of the current working environment (work schedules and shift work practices) used in the U.S. mining industry.

#### *Estimated Annualized Burden Hours*

The burden estimates were derived in the following manner. Based on the stratification and sample size allocation plan developed for this project 34% of all sampled mines have fewer than 10 employees. Mines with 10 or fewer employees will not have to do any sampling as they will be asked to provide data for all of their employees. Small mines will require up to 45 minutes to complete the survey. Mines with 11 or more employees will need up to 1.5 hours given their need to generate an employee roster and sample 10 of their employees. Thus, NIOSH is estimating that the average annual burden to complete the survey will be 1 hour. Non-responding mines will be asked to complete the Nonresponse Survey which consists of only seven questions. NIOSH estimates that the burden for this brief survey will be 10 minutes or less. The burden data are calculated based on a 60% response rate for the sampled mines. This does not take into account that some sampled mines may not be eligible to participate in the survey (e.g., inactive, temporarily closed). The total estimated annualized burden hours are 491.

There is no cost to the respondents other than their time.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Responding Mines .....	Mining Industry and Workforce Survey .....	420	1	1
Nonresponding Mines .....	Phone Script .....	280	1	5/60
Nonresponding Mines .....	Nonresponse Survey .....	280	1	10/60

**Leroy A. Richardson**

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Office of Scientific Integrity, Office of the  
Associate Director for Science, Office of the  
Director, Centers for Disease Control and  
Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

**World Trade Center Health Program  
Scientific/Technical Advisory  
Committee (WTCHP STAC or Advisory  
Committee), National Institute for  
Occupational Safety and Health  
(NIOSH), Docket Number CDC-2016-  
0036; NIOSH 248-E**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

*Time and Date:* 9:00 a.m.–5:00 p.m., June 2, 2016 (All times are Eastern Daylight Time).

*Place:* Jacob J. Javits Federal Building, 26 Federal Plaza, New York, New York 10278. This meeting will also be available by telephone and Web conference. Audio only will be available by telephone; video will be available by Web conference. The USA toll-free, dial-in number is 1-888-606-8411, and when prompted enter passcode—5064451. To view the web conference, enter the following web address in your web browser: <https://odniosh.adobeconnect.com/wtchpstac/>.

*Public Comment Time and Date:* 9:20 a.m.–9:50 a.m., June 2, 2016.

Please note that the public comment period ends at the time indicated above or following the last call for comments, whichever is earlier. Members of the public who want to comment must sign up by providing their name by mail, email, or telephone, at the addresses provided below by May 29, 2016. Each commenter will be provided up to five minutes for comment. A limited number of time slots are available and will be

assigned on a first come–first served basis. Written comments will also be accepted from those unable to attend the public session.

*Status:* Open to the public, limited only by the number of telephone lines. The conference line will accommodate up to 50 callers; therefore it is suggested that those interested in calling in to listen to the committee meeting share a line when possible.

*Background:* The Advisory Committee was established by Title I of the James Zadroga 9/11 Health and Compensation Act of 2010, Public Law 111-347 (January 2, 2011), amended by Public Law 114-113 (Dec. 18, 2015), adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm to 300mm-61).

*Purpose:* The purpose of the Advisory Committee is to review scientific and medical evidence and to make recommendations to the World Trade Center (WTC) Program Administrator regarding additional WTC Health Program eligibility criteria, potential additions to the list of covered WTC-related health conditions, and research regarding certain health conditions related to the September 11, 2001 terrorist attacks. Title XXXIII of the PHS Act established the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001 or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors). Certain specific activities of the WTC Program Administrator are reserved to the Secretary, HHS, to delegate at her discretion; other WTC Program Administrator duties not explicitly reserved to the Secretary, HHS, are assigned to the Director, NIOSH. The

administration of the Advisory Committee is left to the Director of NIOSH in his role as WTC Program Administrator. CDC and NIOSH provide funding, staffing, and administrative support services for the Advisory Committee. The charter was reissued on May 12, 2015, and will expire on May 12, 2017.

*Matters for Discussion:* The Advisory Committee will address the new responsibilities required under the reauthorization of the WTC Health Program in the PHS Act. Specifically, the enhanced role of the STAC to (1) make recommendations regarding the identification of individuals to conduct independent peer reviews of the evidence that would be the basis for issuing final rules to add a health condition to the List of WTC-Related Health Conditions; and (2) review and evaluate the policies and procedures in effect within the WTC Health Program that are used to determine whether sufficient evidence is available to support adding a non-cancer condition or type of cancer to the List of WTC-Related Health Conditions.

The two policies can be found at: <http://www.cdc.gov/wtc/policies.html>. The agenda will include presentations on peer review and the policies and procedures the WTC Health Program uses to add health conditions to the list of covered conditions.

The agenda is subject to change as priorities dictate.

To view the notice, visit <http://www.regulations.gov> and enter CDC-2016-0036 in the search field and click “Search.”

*Public Comment Sign-up and Submissions to the Docket:* To sign up to provide public comments or to submit comments to the docket, send information to the NIOSH Docket Office by one of the following means:

*Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS C-34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226.

*Email:* [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov).

*Telephone:* (513) 533-8611.

In the event an individual cannot attend, written comments may be submitted. The comments should be