

long-haul operations for at least one year will be eligible for the study. A convenience sample of 180 eligible drivers over a two-year period will be recruited to participate in the study. The study sample will include approximately 90 regional and 90 long-haul drivers. There will be no required minimum number of female or minority drivers to be included in the study.

Data will be collected during each phase: (1) In the application, drivers will be asked to provide their name and contact information (home address, telephone number, and email address) to allow contact from the research team regarding their eligibility for the study. (2) In the briefing session, drivers will be asked to complete the Background Questionnaire. (3) During the study, information collection will occur through several streams: (a) A real-time

fatigue monitoring system installed in the participating driver's vehicle; (b) Smart phone apps to collect psychomotor vigilance test, Karolinska Sleepiness Scale, sleep log, difficulty of drive scale, degree of drive hazards scale, a fatigue scale, and a stress scale; (c) an electronic logging device to collect data on the driver's duty and driving; (d) a wrist actigraphy to collect data on driver sleep and wake times. Drivers will be asked to sync the actigraph with a smartphone app daily; (e) smartphone or web-based questionnaires including Exercise and Food Consumption Questionnaire, the quality of life short form 36 version-2 questionnaire (SF-36v2), Family Interactions Questionnaire, and Job Descriptive Index. These will be completed by drivers at four different intervals, including the beginning (first

week) and middle (second month) of the baseline phase, and the middle (fifth month) and end (eighth month) of the intervention phase; (f) A questionnaire to assess corporate practices and corporate safety climate will be given to managers at the participating carriers. These will be completed by managers at the beginning (first week) of the study and end (eighth month) of the intervention phase; and (g) during the field study, carriers will be asked to provide information concerning crashes and roadside violations occurring during each driver's period of study participation. Administrative cost information (e.g., equipment, labor, etc.) will also be collected from the carrier to evaluate cost-benefit of the intervention. The total annualized burden hours requested is 5,139.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours (in hours)
Carrier Management	Participation Agreements	1	1	1	1
	Monthly Roadside Violations, ELD, Crash Reports, Administrative Costs.	1	16	30/60	8
Drivers	Corporate Practices Questionnaire	10	1	45/60	8
	Application to Participate	150	1	12/60	30
	Actigraph Training	90	1	10/60	15
	Background Questionnaire	90	1	45/60	68
	Daily Smartphone Questions	90	720	1/60	1,037
	PVT	90	720	3/60	3,240
	Exercise and Food Consumption Questionnaire.	90	4	20/60	120
	SF-36v2	90	4	30/60	180
	Family Interactions Questionnaire	90	4	15/60	90
	Job Descriptive Index	90	4	30/60	180
Post-Study Questionnaire	90	1	1	90	
Phone Briefings	90	8	6/60	72	
Total					5,139

Jeffrey M. Zirger,
*Lead, Information Collection Review Office,
 Office of Scientific Integrity, Office of Science,
 Centers for Disease Control and Prevention.*
 [FR Doc. 2019-24002 Filed 11-1-19; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-19DO]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC)

has submitted the information collection request titled National Surveillance of Community Water Systems and Corresponding Populations with the Recommended Fluoridation Level to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on December 6, 2018 to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget

is particularly interested in comments that:

(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 agency's 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*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Surveillance of Community Water Systems and Corresponding Populations with the Recommended Fluoridation Level—Existing Collection in use without an OMB Control Number—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Dental caries is one of the most common chronic diseases throughout the lifespan in the United States, and disproportionately affects populations with low socioeconomic status, and racial and ethnic minority populations. Dental caries can lead to infection and diminished quality of life, and cause substantial societal cost due to absence from school and work, as well as expensive treatments. Naturally occurring fluoride is found in all surface and ground water sources, but typically is lower than the recommended concentration needed to prevent dental caries (tooth decay). Community water fluoridation is the process of adjusting

the fluoride concentration of a community water system (CWS) to the level beneficial for prevention of dental caries as recommended by the US Public Health Service (PHS). CDC monitors CWS fluoride levels relative to the PHS recommended level under the Public Health Service Act.

In 2000, CDC launched a Web-based data management tool—Water Fluoridation Reporting Systems (WFRS) in collaboration with the Association of State and Territorial Dental Directors. States may report their information to CDC using WFRS or via email. Respondents to the information collection are state fluoridation managers or other state government officials designated by the state dental director or drinking water administrator. Respondents are asked to update fluoridation status of, and counties and populations served by, each CWS in their state annually. All 50 states respond to this portion of the collection. Washington DC is not included in the data collection because water is supplied by a CWS from Virginia and therefore the data is collected by Virginia. Historically collected natural fluoride concentrations are available in WFRS for all CWS; once collected, they rarely change over time. Respondents also are asked to enter the high, low, and average fluoride testing level data annually for each month for their fluoride-adjusted CWS. Currently, two-thirds of the states respond to this portion of the collection.

CDC analyzes and publishes results through interactive, public-facing web pages: (1) Biennial surveillance reports documenting the percentage of the population with fluoridated water at national, state, and local levels; and (2) My Water’s Fluoride, which publishes the fluoridation status of individual CWS and some fluoride level data for states which choose to display it.

CDC uses the information collection to (1) provide national fluoridation surveillance reports; (2) assist states to manage their fluoride level data and monitor and improve quality of community water fluoridation programs; (3) measure national performance toward the fluoridation Healthy People objective; (4) evaluate outcomes of CDC’s cooperative agreements with states; (5) facilitate creation of state-specific reports for states’ programmatic and policy use. The information collection is also used to inform health care providers to determine targeted delivery of preventive care, for example, determining use of fluoride supplements for children living in fluoride-deficient areas.

CDC’s collection of CWS data is not duplicative of any other federal collection, including the US Environmental Protection Agency’s (EPA) Safe Drinking Water Information System (SDWIS), as SDWIS receives state reports of CWS fluoride levels that exceed 4 mg/L but not those near the beneficial level of 0.7 mg/L recommended for dental caries prevention by the PHS. Thus, CDC’s system is required to assess the degree to which the nation is reaching this PHS-recommended level. The total estimated annualized burden hours are 2,783, including (1) 1,875 hours for the validation or update of CWS fluoridation status and population served from 50 respondents, with estimated average burden hours of 37.5 per respondent; and (2) 908 hours for the annual entry of fluoride testing level data for fluoride-adjusted CWS conducted by 33 respondents with an estimated average burden of 27.5 hours per respondent. WFRS is hosted and maintained by CDC and there are no maintenance costs to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Official	Fluoridation status and population	50	1	37.5
State Official	Fluoride testing data	33	1	27.5

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019-24000 Filed 11-1-19; 8:45 am]

BILLING CODE 4163-18-P