

FAR 52.225-6, Trade Agreements Certificate. This provision requires the offeror to certify that all end products are either U.S.-made or designated country end products, except as listed in paragraph (b) of the provision. Offerors are not allowed to provide other than a U.S.-made or designated country end product, unless the requirement is waived.

FAR 52.225-8, Duty-Free Entry. This clause requires contractors to notify the contracting officer when they purchase foreign supplies, in order to determine whether the supplies should be duty-free. The notice shall identify the foreign supplies, estimate the amount of duty, and the country of origin. The contractor is not required to identify foreign supplies that are identical in nature to items purchased by the contractor or any subcontractor in connection with its commercial business, and segregation of these supplies to ensure use only on Government contracts containing duty-free entry provisions is not economical or feasible. In addition, all shipping documents and containers must specify certain information to assure the duty-free entry of the supplies.

Construction provisions and clauses:

- FAR 52.225-9, Buy American—Construction Materials
- FAR 52.225-10, Notice of Buy American Requirement—Construction Materials
- FAR 52.225-11, Buy American—Construction Materials Under Trade Agreements
- FAR 52.225-12, Notice of Buy American Requirement—Construction Materials under Trade Agreements
- FAR 52.225-21, Required Use of American Iron, Steel, and Manufactured Goods—Buy American Statute—Construction Materials
- FAR 52.225-23, Required Use of American Iron, Steel, and Manufactured Goods—Buy American Statute—Construction Materials Under Trade Agreements

The listed provisions and clauses provide that an offeror or contractor requesting to use foreign construction material due to unreasonable cost of domestic construction material shall provide adequate information to permit evaluation of the request.

For supplies acquisitions, the contracting officer uses some of the information to identify the offered items that comply with the requirements of the Buy American statute and trade agreements and whether the supplies should be granted duty-free entry. For construction acquisitions, the contracting officer uses the information

to evaluate requests for a determination of inapplicability of the Buy American statute.

C. Annual Burden:

Respondents: 9,279.

Total Annual Responses: 34,535.

Total Burden Hours: 29,138.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202-501-4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000-0024, Buy American, Trade Agreements, and Duty-Free Entry.

Janet Fry,

Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

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specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Margie Shofer, AHRQ Reports Clearance Officer, 301-427-1696 or by email at REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Surveys on Patient Safety Culture Hospital Database

Project Overview

The Surveys on Patient Safety Culture® (SOPSC®) Hospital Survey is designed to enable hospitals to assess provider and staff perspectives about patient safety issues, medical error, and error reporting. In 2004, Version 1.0 of the survey, which includes 42 items that measure 12 composites of patient safety culture, was released on the AHRQ website. AHRQ made the survey publicly available along with a Survey User's Guide and other toolkit materials. In 2019, an updated version of the survey, Version 2.0, was released on the AHRQ website. This version includes a total of 40 items: 32 items across 10 composite measures, 2 single-item measures, and 6 background questions.

The AHRQ SOPS Hospital Database consists of data from the AHRQ SOPS Hospital Survey 2.0 and may include reportable, non-required supplemental items. Hospitals in the U.S. can voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The SOPS Hospital Database (OMB NO. 0935-0162, last approved on October 18, 2022) was developed by AHRQ in 2006 in response to requests from hospitals interested in tracking their own survey results. Organizations submitting data receive a feedback report, as well as a report of the aggregated, de-identified findings of the other hospitals submitting data. These reports are used to assist hospital staff in their efforts to improve patient safety culture in their organizations.

AHRQ requests that OMB approve the extension, without change, of AHRQ's collection of information for the AHRQ SOPS Hospital Database; OMB NO. 0935-0162, last approved on October 18, 2022.

The SOPS Hospital Database seeks to answer the following research questions:

1. What is the current state of patient safety culture in hospitals?
2. Has there been a change in patient safety culture scores since the previous database?

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the reinstatement without change of the previously approved information collection project "Surveys on Patient Safety Culture Hospital Database" (OMB No. 0935-0162). This information collection was previously published in the **Federal Register** on September 15, 2025, and allowed 60 days for public comment. AHRQ received one comment from the public that was not responsive. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by January 12, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

Copies of the proposed collection plans, data collection instruments, and

3. Are there differences in scores based on staff position and unit/work area?

This research has the following goals:

1. Produce aggregated results from hospitals that voluntarily submit their data; and

2. Provide feedback reports to hospitals that voluntarily submit their data to help them identify their strengths and areas for improvement in patient safety culture.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to surveys and database development [42 U.S.C. 299a(a)(1) and (8)].

Method of Collection

1. Hospital Eligibility and Registration Form—The hospital point-of-contact (POC) completes several data submission forms, beginning with the completion of an online Eligibility and Registration Form. The purpose of this form is to collect basic demographic information about the hospital and initiate the registration process.

2. Hospital Site Information—The purpose of the site information form, also completed by the hospital POC, is to collect background characteristics of the hospital. This information will be used to analyze data collected with the SOPS Hospital Survey.

3. Data Use Agreement—The purpose of the data use agreement, submitted by the hospital POC, is to state how data submitted by hospitals will be used and to provide privacy assurances.

4. SOPS Hospital Data File(s) Submission—The hospital POC uploads their data file(s), using the SOPS Hospital Survey data file specifications to ensure that users submit their data in a standardized way (e.g., variable names, order, coding, formatting). The number of submissions to the database is likely to vary from submission period to submission period because hospitals do not administer the survey and submit data every year. Data submission is typically handled by one POC who is either a patient safety manager in the hospital or a survey vendor who contracts with a hospital to collect and submit their data. On average, hospital POCs submit data on behalf of 3 hospitals because many hospitals are part of a health system that includes many hospitals, or the POC is a vendor

that is submitting data for multiple hospitals.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the database. An estimated 165 POCs, each representing an average of 3 individual hospitals, will complete the database submission steps and forms annually. Each POC will submit the following:

1. *Hospital Eligibility and Registration Form*—Completed once by 165 hospital POCs. The form takes about 3 minutes to complete.

2. *Hospital Site Information*—Completed an average of three times by the 165 hospital POCs. The form takes 5 minutes to complete.

3. *Data Use Agreement*—Completed once by 165 hospital POCs. The form takes about 3 minutes to complete.

4. *SOPS Hospital Survey Data File(s) Submission*—Each of the 165 POCs will submit their SOPS Hospital Survey Data. The data submission requires an hour on average to complete.

The total annual burden hours are estimated to be 222 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to submit their data. The cost burden is estimated to be \$31,880 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/POCs	Number of responses per POC	Hours per response	Total burden hours
1. Hospital Eligibility/Registration Form	165	1	3/60	8
2. Hospital Site Information	165	3	5/60	41
3. Data Use Agreement	165	1	3/60	8
4. SOPS Hospital Survey Data File(s) Submission	165	1	1	165
Total	N/A	N/A	N/A	222

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/POCs	Total burden hours	Average hourly wage rate *	Adjusted hourly rate **	Total cost burden
1. Hospital Eligibility/Registration Form	165	8	\$71.80	\$143.60	\$1,149
2. Hospital Site Information	165	41	71.80	143.60	5,888
3. Data Use Agreement	165	8	71.80	143.60	1,149
4. SOPS Hospital Survey Data File(s) Submission	165	165	71.80	143.60	23,694
Total	N/A	N/A	N/A	N/A	31,880

* Mean hourly wage of \$71.80 for Medical and Health Services Managers (SOC code 11-9111) was obtained from the May 2024 National Industry-Specific Occupational Employment and Wage Estimates NAICS 622000—Hospitals, located at <https://data.bls.gov/oes/#/industry/622000>.

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to

any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination

functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: December 1, 2025.

Mamatha Pancholi,
Deputy Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2025-0651]

Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Conjunctivitis Section

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain comment on the *Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Conjunctivitis Section* ("Draft Guideline"). The *Draft Guideline* includes updates to the *Guideline for infection control in health care personnel, 1998* ("1998 Guideline"), *Part E: Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and its corresponding recommendations in Part II of the *1998 Guideline*: "2. Conjunctivitis." The updated recommendations in the *Draft Guideline* are intended for use by the leaders and staff of Occupational Health Services (OHS), as further provided herein. These updated recommendations will help facilitate the provision of occupational infection prevention and control services to healthcare personnel

(HCP) who have been exposed or infected and may be contagious to others in the workplace.

DATES: Written comments must be received on or before February 9, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2025-0651 by either of the methods listed below. *Do not submit comments by email. CDC does not accept comments by email.*

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Prevention and Response Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16-3, Atlanta, Georgia 30329, Attn: Docket Number CDC-2025-0651.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Laura Wells, Prevention and Response Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16-3, Atlanta, Georgia 30329; Telephone: (404) 639-4000.

SUPPLEMENTARY INFORMATION:

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data related to the *Draft Guideline*.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. *Do not submit comments by email. CDC does not accept comment by email.*

Background

The *Draft Guideline*, located in the "Supporting & Related Material" tab of the docket, includes updates to the *Guideline for infection control in health care personnel, 1998, Part E: Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and its corresponding recommendations in Part II of the *1998 Guideline*: "2. Conjunctivitis." The *1998 Guideline* provided information and recommendations for Occupational Health Services (OHS) of healthcare facilities and systems on the prevention of transmission of infectious diseases among HCP and patients and can be found at <https://stacks.cdc.gov/view/cdc/11563>.

As described in the Executive Summary of Part I of this guideline (<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/executive-summary.html>), in this document, "OHS" is used synonymously with "Employee Health," "Employee Health Services," "Employee Health and Safety," "Occupational Health," and other such programs. OHS refers to the group, department, or program that addresses many aspects of health and safety in the workplace for HCP, including the provision of clinical services for work-related injuries, exposures, and illnesses. In healthcare settings, OHS addresses workplace hazards including communicable diseases; slips, trips, and falls; patient handling injuries; chemical exposures; HCP burnout; and workplace violence.

The *Draft Guideline*, once finalized, is intended for use by the leaders and staff of OHS to guide the management of exposed or infected HCP who may be contagious to others in the workplace. The draft recommendations in the *Draft Guideline* provide current guidance on the management of HCP exposed to or infected with conjunctivitis, focusing on postexposure management, including postexposure prophylaxis, for exposed HCP and work restrictions for exposed or infected HCP.

Beginning in 2015, the Healthcare Infection Control Practices Advisory Committee (HICPAC) worked with national partners, academicians, public health professionals, healthcare providers, and other partners to develop *Infection Control in Healthcare Personnel* (Part I: <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/index.html>; Part II: <https://www.cdc.gov/infection-control/hcp/>