Division has revised the SF 123A, Transfer Order Surplus Personal Property (Continuation Sheet) to make it a single sheet form instead of a 10 part form. Also because of low usage the form is authorized for local reproduction. You can obtain a camera copy in two ways:

On the internet. Address: http://www.gsa.gov/forms/forms.htm, or;

From Forms-X, Attn.: Barbara Williams, (202) 501–0581.

FOR FURTHER INFORMATION CONTACT: Ms. Andrea Dingle (703) 305–6190. This contact is for information about completing the form only.

DATES: Effective December 14, 1998.

Dated: December 4, 1998.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer.

[FR Doc. 98–33091 Filed 12–11–98; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–05]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

1. Proposed Project

Evaluating the Effectiveness of Tailored Occupational Safety and Health Information on the World Wide Web: Increasing Knowledge and Changing Behavior of Residential Building Construction Contractors—New—The National Institute for Occupational Safety and Health (NIOSH)—Workers in the construction industry face higher than normal risks of fatal injury, nonfatal injury, and illness resulting from on-the-job exposures. According to the National Institute for Occupational Safety and Health (NIOSH), during the period from 1980 through 1992, construction had the highest number of deaths resulting from workplace injury—over 14,000 deaths, or more than 1,000 deaths per year. According to the Bureau of Labor Statistics (BLS) and the Center to Protect Workers' Rights (CPWR), construction had the highest number of deaths resulting from injury (1,039) and the third highest rate of fatal injury (13.9 deaths per 100,000 workers) in 1996.

The majority of construction companies are very small. According to Dun and Bradstreet, 96% of residential building contractors employ less than 15 workers on average; over 80% employ less than 5 workers. In general, small companies have insufficient resources to identify and apply risk and prevention information relevant to their operations. According to a recent study (conducted by NIOSH), lack of tailored, relevant, and timely occupational safety and health information is a major barrier identified by small construction contractors.

The goals of this investigation are to: 1) explore the effectiveness of tailored safety and health information that is developed based on the individual contractor's construction specialties and specific operations, as well as the contractor's psychosocial factors; and 2) explore the effectiveness of the Internet World Wide Web as a mechanism for delivering tailored safety and health information. Specifically, the goal of this data collection is to compare the effectiveness of tailored Internet messages (based on interactive Internet and computer-tailoring technologies), non-tailored Internet messages (based on current static, menu-driven, non-interactive models), tailored print messages delivered by direct mail, and non-tailored print messages delivered by direct mail in influencing changes in safety- and health-related knowledge, intentions, and behaviors. Messages will address two leading cases of injuries and illnesses in construction: falls and silicosis.

The data collected in this study will be used to further current understanding of tailoring safety and health information utilizing the Internet, and the relative effectiveness of this approach when compared to traditional and current mechanisms of communicating safety and health information. The data collected in this study will also be used to provide a basis for developing industry-specific occupational safety and health information systems that provide relevant timely risk and prevention information, especially to small business owners. The total cost to respondents is $3,300.00.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Residential Building Construction Contractors	250	2	.33	165

2. *The development and implementation of a theory-based health communications intervention to decrease silica dust exposure among masonry workers—New*—The National Institute of Occupational Safety and Health (NIOSH)—Construction is the most frequently recorded industry on death certificates with mention of silicosis. Overexposure to crystalline silica is well documented in the construction industry, especially in brick laying and masonry. According to 1993 BLS data, there are 136,139 (at 24,362 establishments) masonry and brick laying workers in the U.S. and according to a recent study, approximately 17,400 masonry and plastering workers are exposed to at least five times the NIOSH recommended exposure limit (REL for crystalline silica) and of these workers, an estimated 80 percent of them are

exposed to at least 10 times the NIOSH REL.

To effectively prevent silicosis, not only must control measures be improved, but workers must be persuaded to protect themselves and employers must be motivated to provide workers with proper engineering controls and training. Previous research has too often focused on the behaviors and attitudes of workers and not on employers. Since employers have a tremendous influence on the health of workers and since their motivations may differ from workers', it is important to focus on them as well. Well-designed and theory-driven communication interventions have the capacity to promote protective health behaviors. To develop messages that will have the greatest success at motivating workers to protect themselves and employers to protect their workers from silicosis, information on workers' and employers' beliefs, attitudes, and behaviors regarding silicosis must be determined. A recently completed pilot-study indicated a need to motivate employers to provide appropriate engineering controls and respiratory protection and a need to persuade workers to protect themselves.

The goal of this project is to develop a health communication intervention program targeting both masonry contractors and workers that will increase the use of engineering controls (specifically, wet-sawing) and respiratory protection. The aforementioned pilot study will serve as a foundation upon which the intervention will be developed. The effectiveness of the intervention will be evaluated using a pre-post test questionnaire.

The study results will provide a basis for intervention programs that masonry contractors can use to educate their workers regarding risk of exposure to silica dust on masonry work sites. The methodology could be applied to other construction procedures such as jack hammering, sand blasting, and similar dust producing procedures to produce similar intervention programs. Eventually we would hope, silica exposures among construction workers would decrease significantly. The total cost to respondents is $0.00.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Workers	200	2	0.33	132
Contractors	20	2	0.33	13.2
Total				145.2

Charles W. Gollmar,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–33035 Filed 12–11–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–0453]

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Medical Devices: Third-Party Review Program Under U.S./EC MRA

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

DATES: Submit written comments on the collection of information by January 13, 1999.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Margaret R. Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the PRA (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance.

Medical Devices: Third-Party Review Program Under U.S./EC MRA (OMB Control Number 0910–0378—Extension)

The third-party program under the United States/European Community Mutual Recognition Agreement (U.S./EC MRA) is intended to implement that part of U.S./EC MRA that covers the exchange of quality system evaluation reports for all medical devices and premarket evaluation reports for selected low-to-moderate risk devices. Under MRA, firms may apply to become designated as a U.S. Conformity Assessment Body (CAB). Firms who are designated will be qualified to conduct quality system evaluations for all classes of devices and product-type examinations and verifications for selected devices based on EC requirements under the voluntary third-party program authorized by MRA. Firms designated as EC CAB's could, in turn, conduct quality system evaluations for all classes of devices and premarket 510(k) evaluations for selected devices based on FDA requirements. Under the voluntary third-party program, reports of these evaluations would be submitted by EC CAB's to FDA. EC CAB's would also be required to maintain copies of their evaluation reports.

In the **Federal Register** of August 4, 1998 (63 FR 41573), the agency requested comments on the proposed collection of information. The agency received two comments.

One comment questioned why FDA chose 12 as the number of U.S. CAB's, when Europe already has 20. The agency's estimate is based on discussions with the National Institute of Science and Technology of the U.S. Department of Commerce and officials of other standards organizations as well as firms who have expressed interest directly to FDA. FDA still believes that 12 is the appropriate number.

The other comment questioned why FDA did not include all eligible class I and class II devices in the program. FDA did not include in the program three class I devices that are regulated by the Center for Biologics Evaluation and Research (CBER), because FDA determined that it would not be cost effective to train CBER employees in the program for only three devices. FDA included in the program the 97 class II devices for which guidance and/or