trends to achieve best of practice quality standards and to provide qualitative assessments, quantitative data, and cost factors to drive improvement and reinforce operational objectives; (3) measure CDC–INFO contractor service performance to assist in determining whether performance incentives have been achieved; and (4) to collect data in order to address public concern and response to emergencies, outbreaks, and media events.

Sample size, respondent burden, and intrusiveness have been minimized to be consistent with national evaluation objectives. Procedures will be employed to safeguard the privacy and confidentiality of participants. Pilot tests assisted in controlling burden and ensuring the user-relevance of questions. The following table shows the estimated annualized burden for data collection. There are no respondent costs other than the amount of time required to respond to the survey.

Estimated Annualized Burden Hours:

Data collection instrument	Number of respondents	Responses /respondent	Average burden per response (in hrs)	Average annual burden hours
Satisfaction survey (callers)	25,000	1	3/60	1,250
Satisfaction survey (e-mail inquiries)	330	1	3/60	17
Follow up survey	3,125	1	7/60	365
Key informant survey	100	1	7/60	12
Postcard survey for bulk mailing	950	1	1/60	16
Postcard survey for individual publications	2,100	1	1/60	35
Web survey for e-mail publication orders	1,000	1	1/60	17
Web survey for internet publications	950	1	1/60	16
Special event/Outreach survey—General Public	25,600	1	5/60	2,133
Special event/Outreach survey—Professionals	10,400	1	5/60	867
Emergency response survey—Level 1 emergency—General Public	31,151	1	5/60	2596
Emergency response survey—Level 1 emergency—Professionals	7,459	1	5/60	622
Emergency response survey—Level 2 emergency—General Public	57,579	1	5/60	4798
Emergency response survey—Level 2 emergency—Professionals	51,821	1	5/60	4318
Emergency response survey—Level 3 emergency—General Public	351,863	1	5/60	29,322
Emergency response survey—Level 3 emergency—Professional	316,678	1	5/60	26,390
Emergency response survey—Level 4 emergency—General Public	645,630	1	5/60	53,803
Emergency response survey—Level 4 emergency—Professional	596,504	1	5/60	49,709
Total Burden Hours				176,286

Dated: March 15, 2007.

Deborah Holtzman,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–5218 Filed 3–21–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH 101]

A Public meeting to provide input regarding the draft document, ''Long-Term Field Evaluation (LTFE) Program Concept''

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting.

Meeting Date and Time: March 22, 2007, 9 a.m.–4 p.m.

Place: DoubleTree Pittsburgh Airport Hotel, 8402 University Blvd., Moon Township, PA 15108.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) announces the availability of opportunity for the public to provide input regarding the draft document, ''Long-Term Field Evaluation (LTFE) Program Concept.'' The public meeting will be held on March 22, 2007 at the DoubleTree Pittsburgh Airport Hotel, 8402 University Blvd., Moon Township, PA 15108.

NIOSH is the Federal agency responsible for conducting research and making recommendations for the approval for self-contained, self-rescuer (SCSR) closed circuit escape respirators, Title 42, Code of Federal Regulations (CFR), Part 84. The LTFE program for self-contained self-rescuers (SCSRs) for miners was initiated more than 20 years ago by the U.S. Bureau of Mines. The objective for the LTFE program is to obtain data to determine the expected performance characteristics of SCSRs used in the mining industry. LTFE program results based on scientific principles can provide useful information to monitor expected SCSR performance and assess possible degradation due to the physical stresses of in-mine use. Of utmost concern is the successful performance of any SCSR that passes its inspection criteria specified by the manufacturer. It is such an apparatus that must be relied upon in an emergency.

A copy of the draft document can be found at: *http://www.cdc.gov/niosh/review/public/NPPTL-LTFE/.*

ADDRESSES: Comments should be submitted to the NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway. M/S C–34, Cincinnati, OH 45226, telephone 513/533–8450, fax 513/533–8285. Comments may also be submitted directly at *http://www.cdc.gov/niosh/review/public/NPPTL-LTFE/.*

The document will remain available for comment until April 5, 2007. Comments should reference docket number NIOSH–101 in the subject heading.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, Room 111, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Contact Person for Technical Information: Les Boord, NIOSH Director for National Personal Protective Technology Laboratory, 626 Cochrans Mill Road, P.O. Box 18070, Pittsburgh, PA 15236.

Dated: March 15, 2007.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–5216 Filed 3–21–07; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH); Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board), Subcommittee for Dose Reconstruction Reviews (SDRR)

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

Subcommittee Meeting Time and Date: 10 a.m.–5 p.m., April 11, 2007.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, KY 41018. Phone 859.334.4611, Fax 859.334.4619.

Conference Call Access: Phone 866.643.6504, Participant Pass Code 9448550.

Status: Open to the public.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort.

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2007.

Purpose: The Advisory Board is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, providing advice to the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: Need for Basic vs. Advanced Reviews; How to Conduct Blind Reviews; Status of Individual Dose Reconstruction Audits; Planning Future Dose Reconstruction Audits; and Assignment of Two Board Member Teams to Oversee Audit Process.

The agenda is subject to change as priorities dictate. There is no public comment period, however, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for Further Information: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, OH 45226, Telephone 513.533.6825, Fax 513.533.6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–5225 Filed 3–21–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention Announces the Following: Implementation of New Record Schedule

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

ACTION: Notice.

SUMMARY: NIOSH is implementing a new record schedule governing the retention of records transferred to the agency by employers pursuant to the regulations of the Occupational Safety and Health Administration (OSHA). Pursuant to this schedule, NIOSH will review these records to determine if they document exposures or medical conditions as required under the OSHA regulations and have research value. Those records that NIOSH determines meet the OSHA regulations and have a research value will be retained for 30 years.

Those records that do not document exposure or medical condition and treatment or have no research value will not be retained.

SUPPLEMENTARY INFORMATION: The hazard-specific standards of the Occupational Safety and Health Administration (OSHA)(Title 29, Code of Federal Regulations [CFR], Parts 1910.1001 through 1910.1450) contain requirements stating that when a company closes and leaves no successor employer, it must transfer (or in some instances, offer to transfer) its employee's medical and exposure records to NIOSH. The OSHA carcinogens standards (29 CFR 1910.1003–1910.1016) also require that such records be transferred to NIOSH when an employee resigns, retires, or dies. The transfer of these records to NIOSH is intended to preserve them for research purposes.

NIOSH has amended its record schedule pertaining to these records, *Employee Exposure and Medical Records (NIOSH), (NARA job Number N1–442–98–1, Item 2), Item 2–80 in the CDC Records Control Schedule (RCS) B–321*, to reduce the retention period of those records and permit the destruction of the records which do not serve any research purpose. Under the new schedule, those records that meet the requirements of the OSHA regulations and serve a research purpose will now be retained for 30 years, rather than 40 years (as under the previous record schedule). However, if upon review NIOSH determines that the records are not medical records or exposure records required to be transferred to NIOSH or were not systematically collected and will not serve a research purpose, the records will not be retained and will be destroyed.

On September 16, 2005, the National Archives and Records Administration (NARA) published in the **Federal Register** [70(179):54774–54776] a notice of availability of this proposed record schedule, Employee Exposure and Medical Records (NIOSH), (NARA job number N1–442–2005–1, Item 1) and request for comments. Following receipt and review of comments, NARA approved this revised record schedule on December 16, 2005. This notice announces adoption of the revised schedule by NIOSH. A copy of the revised record schedule can be obtained from NIOSH.

FOR FURTHER INFORMATION CONTACT: Rodger Tatken, National Institute for Occupational Safety and Health, Robert A. Taft Laboratories, 4676 Columbia