

and expedite hiring of qualified candidates; focus and align training, education, and career development; recognize staff accomplishments; and foster learning and growth with improved knowledge management.

Dated: April 17, 2007.

**Gerald Parker,**  
*Principal Deputy Assistant Secretary, Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Centers for Disease Control and Prevention**

[30Day–07–0217]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written

comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Vital Statistics Training Application, OMB No. 0920–0217–Extension–National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

In the United States, legal authority for the registration of vital events, *i.e.*, births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy, resides individually with the States (as well as cities in the case of New York City and Washington, DC) and Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. These governmental entities are the full legal proprietors of vital records and the information contained therein. As a result of this State authority, the collection of registration-based vital statistics at the national level, referred to as the U.S. National Vital Statistics System (NVSS), depends on a cooperative relationship between the States and the Federal government. This data collection, authorized by 42 U.S.C. 242k, has been carried out by NCHS since it was created in 1960.

NCHS assists in achieving the comparability needed for combining data from all States into national statistics, by conducting a training program for State and local vital statistics staff to assist in developing expertise in all aspects of vital registration and vital statistics. The training offered under this program includes courses for registration staff, statisticians, and coding specialists, all designed to bring about a high degree of uniformity and quality in the data provided by the States. This training program is authorized by 42 U.S.C. 242b, section 304(a). In order to offer the types of training that would be most useful to vital registration staff members, NCHS requests information from State and local vital registration officials about their projected needs for training. NCHS also asks individual candidates for training to submit an application form containing name, address, occupation, work experience, education, and previous training. These data enable NCHS to determine those individuals whose needs can best be met through the available training resources. NCHS is requesting 3 years of OMB clearance for this project. There is no cost to respondents in providing these data other than their time. The total estimated annualized burden hours are 44.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, local, and Territory Registration Officials .....	57	1	20/60
Training applicants .....	100	1	15/60

Dated: April 17, 2007.

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Centers for Disease Control and Prevention**

[60Day–07–06AO]

**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 404–639–5960 and send comments to Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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 or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Evaluation of an Occupational Safety and Health Program for the Small Business Wood Pallet Industry, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Federal Occupational Safety and Health Act of 1970, section 501, enables NIOSH to carry out research relevant to the health and safety of workers. The goal of this project is to determine whether receipt of a NIOSH informational manual about OSH concerns specific to pallet manufacturing and recycling will motivate owners or managers to take actions resulting in a safer workplace. The theoretical basis of the study follows the Transtheoretical Model (TTM) of Prochaska and DiClemente (1984). This model states that change is defined by 5 stages: (1) *Pre-contemplation*—people are unaware of problems and are not thinking seriously about changing within the next 6 months (2) *contemplation*—the stage where people become aware that a problem exists and intend to take action within the next 6 months (3) *preparation*—investigating options and intending to take action in the next 30 days (4) *action*—people institute environmental changes and change their overt behavior and (5) *maintenance*—people continue the gains obtained during the action stage for longer than 6 months.

Small business entrepreneurship is a vital component of the U.S. economy. Occupational safety and health activities including research, regulation, enforcement, and intervention historically have not focused on small businesses despite their predominance and relatively large numbers of employees overall. Few small business establishments provide on-site occupational health units, medical screening tests, pre-placement physicals, or employ, or use, industrial hygiene or safety personnel/consultants.

As a consequence, prevention of occupational injury and illness is often difficult in small business establishments because they generally have few safety and health resources, do not hire staff devoted to safety and health activities, and often lack the ability to identify occupational hazards and conduct surveillance.

The pallet manufacturing industry has higher injury rates than general industry. The incidence rate for non-fatal injuries in the wood pallet and skid (SIC 2448) manufacturing industry was 226% greater than that for general industry. The type of injuries sustained at wood pallet manufacturers and their rates of increase (2002) compared to general industry included amputations (2220% higher), cuts and punctures (378% higher), fractures (237% higher), bruises (221% higher) sprains and strains (133% higher) and back pain (305% higher).

Through this study, NIOSH will evaluate the feasibility and effectiveness of providing carefully constructed OSH information to one segment of small business pallet makers. The informational manual will be divided into eight chapters targeting specific hazards relevant to pallet work and will provide the owners/managers with suggestions for controlling those hazards. Chapters were selected based on prior NIOSH site visits to a sample of pallet makers and in consultation with the National Wood Pallet and Container Association. The chapters include: An introduction to OSH, developing a site specific safety program, controlling noise, improving ventilation, saw safety, forklift safety, preventing build up of carbon monoxide, and prevention of

musculoskeletal injury through ergonomics.

This project will utilize two groups, a treatment group and a control group, in a pre-post design. 180 pallet companies will be randomly selected and assigned to six groups from a list of small pallet businesses in the United States that was provided by a market research firm. Both groups will participate in a baseline survey conducted by telephone. The treatment group will then receive the NIOSH informational manual by mail and the control group will not receive the manual until the conclusion of the study. Five months after the mailing, both groups will participate in a follow-up telephone survey designed to assess whether receipt and use of the material encouraged owners/managers to contemplate, plan, or initiate OSH changes at their facility. The questionnaire will determine whether owners/managers have progressed from baseline along the stage of change continuum because of receipt and use of the NIOSH material, or if some other factor is influencing their safety and health actions. It is possible that improvements in OSH may occur due to other influences and not from the informational manual. For example, it is possible that some event will occur that will make the entire industry more aware of occupational safety and health. Use of a similar control group will help in this determination.

While the entire NIOSH study, including approvals, development and review of the materials effectiveness will occur over a three-year period, data collection will occur within a one-year period. There will be no cost to respondents except their time to participate in the telephone survey.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Pallet company safety and health managers; Treatment Group.	Initial Questionnaire (incomplete) .....	17	1	3/60	1
	Initial Questionnaire (complete) .....	95	1	12/60	19
	Follow-up Questionnaire .....	90	1	15/60	23
Pallet company safety and health managers; Control Group.	Initial Questionnaire (incomplete) .....	17	1	3/60	8
	Initial Questionnaire (complete) .....	95	1	12/60	19
	Follow-up Questionnaire* .....	90	1	9/60	14
Total .....	.....	.....	.....	.....	84

Dated: April 17, 2007.

**Joan F. Karr,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-07-05CO]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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#### Proposed Project

Evaluation of the Centers for Disease Control and Prevention's Consumer Response Services Center (CDC-INFO) Evaluation-New-National Center for

Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC is launching an integrated "one face to the public" approach across all communication channels to handle inquiries concerning a broad spectrum of public health topics. The overall objective is to ensure consistent, timely, reliable health information for dissemination to a variety of consumers (public, health professionals, researchers, etc.) and to address variations in inquiry volumes related to public health emergencies, news events, and dynamic, shifting public health priorities. The CDC has integrated over 40 hotlines into one Consumer Response Services Center-CDC-INFO. CDC-INFO has an exceptionally wide scope because content currently divided between over 40 hotlines handling nearly 2,000,000 telephone contacts annually will be consolidated under CDC-INFO. All CDC hotlines were consolidated in one center beginning in February 2005, with all CDC program areas transitioning into CDC-INFO through a phased approach during the next three years. CDC-INFO itself will be operational for at least the next seven years.

The primary objectives of the national evaluation are to (1) Proactively evaluate customer interactions and service effectiveness by employing assessment measures and data

collection mechanisms to support performance management, gathering insights and understandings for improving service levels, and implementing effective measures to meet customer satisfaction goals; (2) develop an ongoing understanding of customer requirements and satisfaction 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 is no cost to the respondent, other than the amount of time required to respond to the survey. The total estimated annualized burden hours are 176,578.

**Note:** This is a corrected 30-day FRN replacing the previous one published February 15, 2007.

#### ESTIMATE OF ANNUALIZED BURDEN HOURS

Data collection instrument	Number of respondents	Number of responses / respondent	Average burden/response (in hrs)	Total burden (in 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	140
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	2,763
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	4,798
Emergency response survey—Level 2 emergency—Professionals .....	51,821	1	5/60	4,318
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