requirements should be sent to Neil Blickman, Attorney, Division of Enforcement, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Ave., NW., Washington, DC 20580, (202) 326–3038.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501–3520, Federal agencies must obtain approval from OMB for each collection of information they conduct or sponsor. ''Collection of information'' means agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. 44 U.S.C. 3502(3); 5 CFR 1320.3(c). As required by section 3506(c)(2)(A) of the PRA, the FTC is providing this opportunity for public comment before requesting that OMB extend the existing paperwork clearance for the regulations noted herein.

The FTC invites comments on: (1) 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; (2) 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; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to 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. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before October 24, 2005.

The Fuel Rating Rule, 16 CFR part 306 (OMB Control Number: 3084–0068), establishes standard procedures for determining, certifying, and disclosing the octane rating of automotive gasoline and the automotive fuel rating of alternative liquid automotive fuels, as required by the Petroleum Marketing Practices Act. 15 U.S.C. 2822(a)–(c). The Rule also requires refiners, producers, importers, distributors, and retailers to retain records showing how the ratings were determined, including delivery tickets or letters of certification.

Estimated annual hours burden: [2] 40,000 total burden hours (16,000 recordkeeping hours + 24,000 disclosure hours).

Recordkeeping: Based on industry sources, staff estimates that 195,000 fuel industry members each incur an average annual burden of approximately five minutes to ensure retention of relevant business records for the period required by the Rule, resulting in a total of 16,000 hours.

Disclosure: Staff estimates that affected industry members incur an average burden of approximately one hour to produce, distribute, and post octane rating labels. Because the labels are durable, only about one of every eight industry members (*i.e.*, approximately 24,000 of 195,000 industry members) incur this burden each year, resulting in a total annual burden of 24,000 hours.

Estimated annual cost burden: $804,000 ($720,000 in labor costs and $84,000 in non-labor costs).

Labor costs: Staff estimates that the work associated with the Rule's recordkeeping and disclosure requirements is performed by skilled information and record clerks at an average rate of $18.00 per hour. Thus, the annual labor cost to respondents of complying with the recordkeeping and disclosure requirements of the Rule is estimated to be $720,000 ((16,000 hours + 24,000 hours) × $18.00 per hour).

Capital or other non-labor costs: $84,000.

Staff believes that there are no current start-up costs associated with the Rule. Because the Rule has been effective since 1979 for gasoline, and since 1993 for liquid alternative automotive fuels, industry members already have in place the capital equipment and other means necessary to comply with the Rule. Retailers (approximately 170,000 industry members), however, do incur the cost of procuring (and replacing) fuel dispenser labels to comply with the Rule. According to industry input, the price per label is about fifty cents. Based on ranging industry estimates of a 6–10 year useful life per dispenser label, staff will conservatively factor into its calculation of labeling cost the shortest assumed useful life, *i.e.*, 6 years. Staff believes that the average retailer has six dispensers, with all of them being obtained either simultaneously or otherwise within the same year. Assuming that, in any given year, 1/6th of all retailers (28,000 retailers) will replace their dispenser labels, staff estimates total labeling cost to be $84,000 ($28,333 \times 6 \times .50$).

Christian S. White,

Acting General Counsel.

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[2] All numbers pertaining to hours and cost burden estimates have been rounded to the nearest thousand.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–05CK]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 371–5974 or send an e-mail to *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

Collection of Assessment Information about the Centers for Disease Control and Prevention Publications—NEW—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of CDC's Future's Initiative, the National Center for Health Marketing was created to ensure that health information, interventions, and programs at CDC are based on sound science.

Numerous CDC-operated communication platforms targeting scientific, professional, and technical audiences have been developed in the past twenty years. The reach of many of these platforms has increased significantly in the past five years. In order to ensure future growth, it is critical to obtain feedback from subscribers of these platforms to understand who uses them, how they use them, how satisfied they are with the platforms, and solicit suggestions on ways to improve each platform to bolster satisfaction. The data collected from this effort will allow us to answer critical operating questions, including:

- Which audiences (*e.g.*, doctors, local health officials, researchers, etc.) receive their information from which CDC platforms?
- How often and with what purpose do they access CDC platforms?
- How satisfied are subscribers of the platforms with the content and delivery of information?
- Are there ways to enhance the platforms for the subscriber through improvements to current offerings or through new products / services?
- Who are our most critical target audiences, *i.e.*, what are our publication and dissemination priorities in service to our health impact goals?

The purpose of this project is to evaluate the content, processes, and channels through which CDC communicates scientific information to partners and customers to ensure that health impact is maximized through the delivery of timely, effective, and credible information, which will result in optimal benefit for public health. The evaluation will help to ensure that these platforms meet subscriber and partner priorities, build CDC's brand, and contribute to health impact goals. Feedback from the subscriber base is necessary to fully evaluate the performance of CDC's platforms.

At this time, the scope of this project is limited to five communication platforms owned and managed by CDC which transmits information primarily intended for scientific and professional audiences. However, future plans include adding additional publications as needed. The initial five communications platforms are: Emerging Infections Journal, MMWR, Epi-X, Preventing Chronic Diseases Journal, and Health Alert Network. We want to ensure that the timeliness, effectiveness, and credibility of this communication maximizes the health impact of that information, resulting in optimum benefit for public health. These channels include both print and electronic versions of the five platforms. There is no cost to respondents other than their time. The total estimated burden hours are 18,970.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Form	Respondents	Responses per respondent	Hrs/response (in hrs)
MMWR	30,000	1	20/60
EID	12,750	1	20/60
PCD	10,500	1	20/60
Epi-X	1,650	1	20/60
HAN	2,000	1	20/60

Dated: August 18, 2005.

Joan F. Karr,

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

[FR Doc. 05–16894 Filed 8–24–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–05AF]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 371–5983 or send an e-mail to *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

How Miners Modify Their Behavior In Response To Personal Dust Monitor Information—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Federal Mine Safety & Health Act of 1977, Section 501, and the Occupational Safety and Health Act of 1970, Public Law 91–256 enables CDC/NIOSH to carry out research relevant to the health and safety of workers in the mining industry. The objective of this project is to document how coal miners can use real-time information from their personal dust monitors (PDM) to reduce their exposure to respirable dust. The specific aims are to (1) identify several specific examples of how miners use PDM information to discover which parts of their jobs and/or which aspects of their work environment may be causing them to be overexposed to respirable dust, and (2) identify the types of changes that miners could make in order to try to reduce their exposure. Although the most recent data on the prevalence of Coal Workers' Pneumoconiosis (CWP) in the United States indicates that it is declining, substantial numbers of CWP cases continue to be diagnosed. In recent years, CWP has contributed to the deaths of approximately 1,000 people in the U.S. each year.

A personal dust monitor (PDM) has recently been developed through a collaboration involving NIOSH, the Bituminous Coal Operators' Association, the United Mine Workers of America, the National Mining Association, and Rupprecht & Patashnick Co., Inc. This new device represents a major advance in the tools available for assessing coal miners' exposure to respirable dust levels. It will soon be field tested with coal miners throughout the U.S. As with the introduction of any new technology, it is very important to systematically document how workers react to it and make use of it. If miners know how to properly use the information PDMs are capable of providing, they should be able to make adjustments to their work place or work procedures that will reduce their exposure to respirable coal dust.

Various parties have speculated about the processes by which miners will use the information to reduce their exposure to respirable dust. There appears to be great potential. However, no one knows precisely how miners performing a wide variety of tasks and jobs are actually going to use this new information to reduce their exposure to dust. It is assumed that, once PDMs are introduced, miners will eventually find new ways to reduce their exposure to