ESTIMATED ANNUALIZED BURDEN HOURS

Survey type	Number of respondents	Frequency of response per respondent	Average burden per response (hrs.)
In Person Surveys	7,500	1	1
Remote Surveys	67,000	1	30/60
Screener Only	500	1	5/60

Dated: November 1, 2006.

Joan F. Karr,

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

[FR Doc. E6–18741 Filed 11–6–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0021]

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.* 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

National Coal Workers Autopsy Study (NCWAS) Consent Release and History Form—Renewal—(0920–0021) National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Federal Coal Mine Health and Safety Act of 1977, Public Law 91–173 (amended the Federal Coal Mine and Safety Act of 1969), the Public Health Service has developed a nationwide autopsy program (NCWAS) for underground coal miners. The Consent Release and History Form is primarily used to obtain written authorization from the next-of-kin to perform an autopsy on the deceased miner. Because a basic reason for the post-mortem examination is research (both epidemiological and clinical), a minimum of essential information is collected regarding the deceased miners, including occupational history and smoking history. The data collected will be used by the staff at NIOSH for research purposes in defining the diagnostic criteria for coal workers' pneumoconiosis (black lung) and pathologic changes and will be correlated with x-ray findings.

It is estimated that only 5 minutes is required for the pathologist to put a statement on the invoice affirming that no other compensation is received for the autopsy. From past experience, it is estimated that 15 minutes is required for the next-of-kin to complete the Consent Release and History Form. Since an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request of abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only 5 minutes of additional burden is estimated for the autopsy report. There are no costs to respondents other than their time. The total estimated annualized burden hours are 20.9.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Pathologist Invoice	50	1	5/60
Pathologist Report	50	1	5/60
Next-of-Kin	50	1	15/60

Dated: October 31, 2006.

Joan Karr,

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

[FR Doc. E6–18744 Filed 11–6–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–07–05AT]

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to *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

A Site Specific Modular Evaluation Instrument for Behavior Outcome Measurement—New—Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

ATSDR considers evaluation to be a critical component for enhancing program effectiveness and improving resource management. ATSDR's mandate under the Comprehensive Environmental Response, Compensation, and Liability Act (CERLCA), as amended, is to help prevent or reduce further exposures at hazardous waste sites and the illnesses that result from such exposures. A standardized methodology to monitor outcomes associated with agency intervention will provide the data needed for demonstrating effectiveness and efficiency as well as identifying areas for improvement.

ATSDR, in cooperation with our cooperative agreement partners, is developing a series of survey modules designed to measure individual attitudes, knowledge, and behaviors, and to provide mental and physical health self-assessments, that may be influenced by health education and health promotion efforts conducted by the agency at hazardous waste sites. These modules will be used to determine knowledge improvements, attitude shifts, and behavior change following specific ATSDR program efforts and activities. The module or modules used at each program site will vary depending on the contaminant(s) of concern and the health education/promotion actions undertaken. In addition, the timing of the data collection will vary depending on whether this is a new program site or one that has had health education/promotion activities underway for some time. In general, for new sites or existing sites with new intervention efforts, we would aim for two data collections: one baseline and one post-intervention. At existing sites where ATSDR interventions have been completed, we would conduct one post-intervention data collection.

Health education and promotion activities are conducted at approximately 250 sites annually. We estimate that 90% of the program sites will have populations of 10,000 or fewer persons who have been exposed, or potentially exposed, to contaminants of concern. We expect to survey up to 150 respondents at each site in this category. At sites with exposed or potentially exposed populations of more than 10,000 persons, we expect to survey up to 500 respondents at each site.

Using a standardized methodology and survey instrument to assess outcomes related to targeted intervention activities at hazardous waste sites will provide the agency with important feedback for program improvement. There will be no costs to respondents except for their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of sites annually	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total annual burden (in hours)
General Public at Existing Sites with Exposed Populations of 10,000 or Less	55	150	1	20/60	2,750
General Public at Existing Sites with New Interventions or New Sites with Exposed Populations of 10,000 or Less	170	150	2	20/60	17,000
General Public at Existing Sites with Exposed Populations of 10,000 or More	5	500	1	20/60	833
General Public at Existing Sites with New Interventions or New Sites with Exposed Populations of 10,000 or More	20	500	2	20/60	6,667
Total					27,250

Dated: November 1, 2006.

Joan F. Karr,

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

[FR Doc. E6–18746 Filed 11–6–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: October 2006

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

Important Announcement: The Office of Inspector General (OIG) will discontinue publication of monthly exclusion actions in the **Federal Register** in 1 month. Downloadable files of exclusion actions taken each month are available on the OIG's Web site. In addition, the website has a downloadable data file and an online searchable database containing all exclusion actions currently in effect. This data is called the List of Excluded Individuals/Entities (LEIE) and is located at *http://oig.hhs.gov*. Click on Exclusions Database to access the LEIE and other important information about the OIG's exclusion program.

During the month of October 2006, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusions is imposed, no program payment is made to anyone for any items or services(other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services