

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.13 of the Department of Health and Human Services' claims collection regulations (45 CFR Part 30) provides that the Secretary shall charge an annual rate of interest as fixed by the Secretary of the Treasury after taking into consideration private consumer rates of interest prevailing on the date that HHS becomes entitled to recovery. The rate generally cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities." This rate may be revised quarterly by the Secretary of the Treasury and shall be published quarterly by the Department of Health and Human Services in the **Federal Register**.

The Secretary of the Treasury has certified a rate of 12⁵/₈% for the quarter ended June 30, 2007. This interest rate will remain in effect until such time as the Secretary of the Treasury notifies HHS of any change.

Dated: July 17, 2007.

Jean Augustine,

Director, Office of Financial Policy and Reporting.

[FR Doc. 07-3628 Filed 7-24-07; 8:45 am]

BILLING CODE 4150-04-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-07BH]

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 Maryam I. Daneshvar, CDC Acting 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

Environmental Health Specialists Network (EHS-NET) Program—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting OMB approval for a research program focused on identifying the environmental causes of food and waterborne illness and improving environmental public health practice. This research program is conducted by the Environmental Health Specialists Network (EHS-Net), a collaborative project of CDC, the U.S. Food and Drug Administration (FDA), the U.S. Department of Agriculture (USDA), the U.S. Environmental Protection Agency (U.S.EPA), and nine states (California, Connecticut, Georgia, Iowa, New York, Minnesota, Oregon, Rhode Island, and Tennessee). The network consists of environmental health professionals, epidemiologists, and laboratorians.

EHS-Net plans to conduct approximately twenty applied research projects per year. These research projects will focus on identifying and understanding environmental factors associated with food and waterborne illness, such as poor food and water handling practices. These projects will also focus on evaluation of food and water safety regulatory programs. Data collection for these projects may involve (1) surveys, (2) observations, and (3) food, water, and environmental sampling. Data may be collected from

(1) retail food establishments, where the majority of foodborne illness outbreaks originate, (2) public and non-public water systems, representing possible sources of waterborne illness, and (3) food and water safety program regulators, who are responsible for food and water safety.

EHS-Net will conduct three food safety projects with all nine EHS-Net states per year. There will be up to 900 respondents for each project (total=2,700). Additionally, each EHS-Net state will conduct at least one individual food safety project, with up to 250 respondents for each project (total=2,250). Approximately three-fourths of the respondents for these projects will be retail food service workers; the remaining will be food safety program regulators. Thus, there will be approximately 3,713 retail food service worker and 1,237 food safety program regulator respondents to EHS-Net food safety projects annually. Each respondent will respond only once and the average burden per response will be approximately 90 minutes. The estimated total annual burden for EHS-Net food safety projects is 5,570 hours for retail food service workers and 1,856 hours for food safety program regulators.

Five EHS-Net states (California, Georgia, Minnesota, New York, and Tennessee) have funding to study water safety; EHS-Net will conduct three water safety projects with these five states per year. There will be up to 375 respondents for each project (total=1,875). Additionally, each EHS-Net water state will conduct at least one individual water safety project, with up to 250 respondents for each project (total=1,250). Approximately three-fourths of the respondents for these projects will be water system operators; the remaining will be water safety program regulators. Thus, there will be approximately 1,781 water system operator and 594 water safety program regulator respondents to EHS-Net water safety projects annually. Each respondent will respond only once and the average burden per response will be approximately 90 minutes. The estimated total annual burden for EHS-Net water safety projects is 2,672 hours for water system operators and 891 hours for water safety program regulators. The total annual burden for all EHS-Net projects is expected to be approximately 10,987 hours.

There is no cost to the respondents other than their time.

ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Retail food service workers	3,713	1	90/60	5,570
Food safety program regulators	1,237	1	90/60	1,855
Water system operators	1,781	1	90/60	2,671
Water safety program regulators	594	1	90/60	891
Total				10,987

Dated: July 18, 2007.
Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. E7-14389 Filed 7-24-07; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2007N-0165]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Hazard Analysis and Critical Control Point Procedures for the Safe and Sanitary Processing and Importing of Juice

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

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

DATES: Fax written comments on the collection of information by August 24, 2007.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written

comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202-395-6974, or e-mailed to *baguilar@omb.eop.gov*. All comments should be identified with the OMB control number 0910-0466. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of the Chief Information Officer (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4659.

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

Hazard Analysis and Critical Control Point Procedures for the Safe and Sanitary Processing and Importing of Juice—(OMB Control Number 0910-0466)—Extension

FDA's regulations in part 120 (21 CFR part 120) mandate the application of hazard analysis and critical control point (HAACP) procedures to fruit and vegetable juice processing. HACCP is a preventative system of hazard control that can be used by all food processors to ensure the safety of their products to consumers. A HACCP system of preventive controls is the most effective and efficient way to ensure that these

food products are safe. FDA's mandate to ensure the safety of the Nation's food supply is derived principally from the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321, *et seq.*). Under the act, FDA has authority to ensure that all foods in interstate commerce, or that have been shipped in interstate commerce, are not contaminated or otherwise adulterated, are produced and held under sanitary conditions, and are not misbranded or deceptively packaged; under section 701 (21 U.S.C. 371), the act authorizes the agency to issue regulations for its efficient enforcement. The agency also has authority under section 361 of the Public Health Service Act (42 U.S.C. 264) to issue and enforce regulations to prevent the introduction, transmission, or spread of communicable diseases from one State to another State. Information development and recordkeeping are essential parts of any HACCP system. The information collection requirements are narrowly tailored to focus on the development of appropriate controls and document those aspects of processing that are critical to food safety. Through these regulations, FDA is implementing its authority under section 402(a)(4) of the act (21 U.S.C. 342(a)(4)).

In the **Federal Register** of May 14, 2007 (72 FR 27138), FDA published a 60-day notice requesting public comment on the information collection provisions. No comments were received.

TABLE 1.—ESTIMATED ANNUAL RECORDKEEPING BURDEN¹

21 CFR Sections	No. of Recordkeepers	Annual Frequency of Recordkeeping	Total Annual Records	Hours per Record	Total Hours
120.6(c) and 120.12(a)(1) and (b)	1,875	365	684,375	0.1	68,437.5
120.7; 120.10(a); and 120.12(a)(2), (b), and (c)	2,300	1.1	2,530	20	50,600
120.8(b)(7) and 120.12(a)(4)(i) and (b)	1,450	14,600	21,170,000	0.01	211,700