and severe headache, accompanied by stiff neck or change in level of consciousness. CDC has the authority to collect personal health information to protect the health of the public under the authority of section 301 of the Public Health Service Act (42 U.S.C.).

This information collection request also includes the Passenger Locator Information Form. The Passenger Locator Information Form is used to collect reliable information that assists quarantine officers in locating, in a timely manner, those passengers and crew who are exposed to communicable diseases of public health significance while traveling on a conveyance. HHS delegates authority to CDC to conduct quarantine control measures. Currently, with the exception of rodent inspections and the cruise ship sanitation program, inspections are performed only on those vessels and aircraft which report illness prior to arrival or when illness is discovered upon arrival. Other inspection agencies assist quarantine officers in public health screening of persons, pets, and other importations of public health significance and make referrals to the Public Health Service when indicated. These practices and procedures assure protection against the introduction and spread of communicable diseases into the United States with a minimum of recordkeeping and reporting as well as a minimum of interference with trade and travel.

Respondents include airline pilots, ships' captains, importers, and travelers. The nature of the quarantine response dictates which forms are completed by whom. There are no costs to respondents except for their time to complete the forms.

The total annualized burden for this information collection request is 225,761 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

| Citation | Number of respondents | Number of responses per respondent | Average burden per respondent (in hours) |
|---|---|---|---|
| 71.21 Radio Report of death/illness | 9,500 | 1 | 2/60 |
| 71.33(c) Report by persons in isolation or surveillance | 11 | 1 | 3/60 |
| 71.35 Report of death/illness in port | 5 | 1 | 30/60 |
| Locator Form used in an outbreak of public health significance | 2,700,000 | 1 | 5/60 |
| Locator Form used for reporting of an ill passenger(s) | 800 | 1 | 5/60 |
| 71.51(b)(3) Admission of cats/dogs; death/illness | 5 | 1 | 3/60 |
| 71.51(d) Dogs/cats: Certification of Confinement, Vaccination | 1,200 | 1 | 15/60 |
| 71.52(d) Turtle Importation Permits | 10 | 1 | 30/60 |
| 71.53(d) Importer Registration—Nonhuman Primates | 40 | 1 | 10/60 |
| 71.53(e) Recordkeeping | 30 | 4 | 30/60 |

Dated: May 14, 2009.

**Maryam I. Daneshvar,**

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

[FR Doc. E9–11896 Filed 5–20–09; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day-09–09AH]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publish 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**

Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs—New—Division for Heart Disease and Stroke Prevention (DHDSP), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Heart disease and stroke are among the most widespread and costly causes of death and disability in the U.S., but are also among the most preventable health problems. In 2006, CDC created the Division of Heart Disease and Stroke Prevention (DHDSP) to provide national leadership for efforts to reduce the burden of disease, disability, and death from heart disease and stroke.

Many heart disease and stroke prevention and control activities are conducted through DHDSP-funded heart disease and stroke prevention programs. The DHDSP's key partners include State and local health departments, public health organizations, community organizations, nonprofit organizations, and professional organizations. The DHDSP supports partners by conducting trainings, providing scientific guidance and technical assistance, and producing scientific information and supporting tools. For example, the DHDSP provides training to States on how to implement and evaluate their programs and provides guidance on how to best apply evidence-based practices. In addition the DHDSP translates its scientific studies into informational products, such as on-line reports and trend data.

Over the next three years, DHDSP plans to conduct a series of information collections based on a reference set of questions that address relevance, quality and impact of DHDSP services and guidance. A generic clearance is requested in order to provide flexibility in the content and timing of specific information collections. Surveys tailored to specific public health partners, services, or other programmatic initiatives will be developed from the reference set of pre-approved questions. A small number of demographic and descriptive questions may be included in specific surveys to assess the extent to which perceptions and use of DHDSP services vary across types of respondents. Whenever feasible, information will be collected electronically to reduce burden on respondents. In addition, information may be collected through in-person or telephone interviews or focus groups when Web-based surveys are

impractical or when in-depth responses are required.

The evaluation information will be used to determine whether DHDSP activities and products are reaching the intended audiences, whether they are deemed to be useful by those audiences, and whether DHDSP efforts improve public health practices. Finally, the generic clearance format will allow the DHDSP to identify new programmatic opportunities and to respond to partners' concerns.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 491.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Data collection mechanism | Number of respondents | Average burden per response (in hours) |
|---|---|---|---|
| State and Local Health Departments | Web-based survey | 250 | 30/60 |
| | Interview | 30 | 1 |
| | Focus group | 32 | 1 |
| Private Sector Partners | Web-based survey | 180 | 30/60 |
| | Interview | 90 | 1 |
| | Focus group | 48 | 1 |
| Academic Institutions | Web-based survey | 60 | 30/60 |
| | Interview | 30 | 1 |
| | Focus group | 16 | 1 |

Dated: May 14, 2009.

**Maryam I. Daneshvar,**

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

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**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2009–N–0043]**

### Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Irradiation in the Production, Processing, and Handling of Food

**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 June 22, 2009.

**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 *oira_submission@omb.eop.gov*. All comments should be identified with the OMB control number 0910–0186. Also include the FDA docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Jonna Capezzuto, Office of Information Management (HFA–710), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–796–3794.

**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.

#### Irradiation in the Production, Processing, and Handling of Food—(OMB Control Number 0910–0186)—Extension

Under sections 201(s) and 409 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321(s) and 348), food irradiation is subject to regulation under the food additive premarket approval provisions of the act. The regulations providing for uses of irradiation in the production, processing, and handling of food are found in part 179 (21 CFR part 179). To ensure safe use of a radiation source, § 179.21(b)(1) requires that the label of sources bear appropriate and accurate information identifying the source of radiation and the maximum (or minimum and maximum) energy of radiation emitted by x-ray tube sources. Section 179.21(b)(2) requires that the label or accompanying labeling bear adequate directions for installation and use and a statement supplied by FDA that indicates maximum dose of radiation allowed. Section 179.26(c) requires that the label or accompanying labeling bear a logo and a radiation disclosure statement. Section 179.25(e) requires that food processors who treat food with radiation make and retain, for 1 year past the expected shelf life of the products up to a maximum of 3 years, specified records relating to the irradiation process (e.g., the food treated, lot identification, scheduled process, etc.). The records required by § 179.25(e) are used by FDA inspectors to assess compliance with the regulation that establishes limits within which radiation may be safely used to treat food. The agency cannot ensure safe use without a method to assess compliance with the dose limits, and there are no practicable methods for analyzing most foods to determine whether they have been treated with ionizing radiation and are within the limitations set forth in part 179. Records inspection is the only way to determine whether firms are complying with the regulations for treatment of foods with ionizing radiation.

In this request for extension of OMB approval, FDA proposes to include and consolidate into the subject collection of information (OMB control number 0910–0186) the collection of information and associated burden hours from OMB control number 0910–0549. This inclusion is reflected in the estimated burden reported in table 1 of this document, which has increased by the addition of one recordkeeper in the large processors line, increasing the number of estimated recordkeepers from two to three.

*Description of Respondents*: Respondents are businesses engaged in the irradiation of food.

In the **Federal Register** of February 13, 2009 (74 FR 7236), FDA published a 60-day notice requesting public comment on the information collection provisions. No comments were received.