implementation of a proposed Commission action.

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PERSON TO CONTACT FOR INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

Shelley E. Garr,

Deputy Secretary.

[FR Doc. 2014–05042 Filed 3–5–14; 11:15 am]

BILLING CODE 6715–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–14–14CL]

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 (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

An Investigation of Lung Health at an Indium-Tin Oxide Production Facility—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Public Law 91–596 (section 20[a][1]), authorizes NIOSH to conduct research to advance the health and safety of workers. NIOSH is proposing to conduct a study regarding the lung health of workers at an indium-tin oxide production facility.

Indium-tin oxide (ITO) is a sintered material used in the manufacture of devices such as liquid crystal displays, touch panels, solar cells, and architectural glass. Indium lung disease is a novel, potentially fatal industrial disease that has occurred in workers making, using, or recycling ITO. This project aims to understand and prevent this occupational lung disease by investigating the relationship between exposure and lung health among current ITO manufacturing workers.

CDC requests Office of Management and Budget (OMB) approval to collect standardized information from current employees of the ITO production facility through an informed consent document, an interviewer-administered questionnaire, and a contact information form. As part of the same project, employees will be offered the opportunity to participate in medical testing and personal air sampling.

The questionnaire will collect contact information, demographic information, respiratory symptoms and diagnoses, work history, and cigarette smoking history. The questionnaire will allow NIOSH to report individual medical test results to each participant and to analyze aggregate data from the workforce to determine risk factors for abnormal lung health indices derived from the medical test results. The individual results will be used by employees and their personal physicians to make medical decisions, such as whether to pursue additional testing. The aggregate results will be used by NIOSH, facility management, and employees in ongoing efforts to reduce exposures and monitor key health indices.

For this study, we will recruit all current employees of the ITO production facility. Participation is voluntary. We anticipate approximately 100 study participants. Employees who wish to participate in the questionnaire and medical testing will review and sign an informed consent document. Employees who wish to participate in the personal air sampling and would like to receive personal results will complete a contact information form. Participants who wish to release medical records to NIOSH or to have NIOSH release the results of our medical testing to a personal physician will need to complete the appropriate records release forms.

The questionnaire will be administered privately at the workplace during normal working hours by trained NIOSH staff. Employees who are not available at the workplace during the study will be offered the opportunity to respond to the questionnaire at a later date by telephone.

There are no costs to participants other than their time.

The total estimated burden for the one-time collection of data is 254 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Current ITO production facility employees	Recruitment letter	100	1	5/60
	Consent to participate in a research study	95	1	15/60
	Authorization to disclose health information ..	95	1	5/60
	Indium facility questionnaire	95	1	20/60
	Medical testing	95	1	100/60
	Script for collection of industrial hygiene samples.	95	1	5/60
	Personal air sampling results contact information form.	95	1	5/60
	Exposure monitoring	95	1	5/60

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–04970 Filed 3–6–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–14LA]

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 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email 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

Annual Survey of Colorectal Cancer Control Activities Conducted by States and Tribal Organizations—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In July 2009, the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, funded the Colorectal Cancer Control Program (CRCCP) for a five-year period. Through a competitive application process, 22 states and four tribal organizations received cooperative agreement awards. In 2010, three additional states were funded, bringing the total number of grantees to 29. The purpose of the CRCCP is to promote colorectal cancer (CRC) screening to increase population-level screening rates to 80% and, subsequently, to reduce CRC incidence and mortality (*www.cdc.gov/cancer/crccp/*). The CRCCP includes two program components: (1) CRC screening of low-income, uninsured and underinsured people (screening provision) and (2) implementation of interventions to increase population-level screening rates (screening promotion).

The CRCCP is based on a social-ecological framework that emphasizes the implementation of evidence-based strategies at the interpersonal, organizational, community, and policy levels. Grantees are strongly encouraged to implement one or more of the five evidence-based strategies that are recommended in the *Guide to Community Preventive Services* (*Community Guide; www.thecommunityguide.org/cancer/index.html*).

As a comprehensive, organized screening program, the CRCCP supports activities including program management, partnership development, public education and targeted outreach, screening and diagnostic services, patient navigation, quality assurance and quality improvement, professional development, data management and utilization, and program monitoring and evaluation. For clinical service delivery, grantees fund health care providers in their state or tribal organization to deliver colorectal cancer screening, diagnostic evaluation, and treatment referrals for those diagnosed with cancer. Through direct screening efforts in the first three years of the CRCCP, 26,565 individuals were screened, 4,059 cases of precancerous polyps were detected and removed, and 74 cancers were diagnosed and treated.

The purpose of the proposed data collection is to annually assess program implementation, particularly related to the use of evidence-based strategies. The primary survey audience is CRCCP program grantees (program directors or managers); however, the survey will also be administered to a comparison group of states or tribes that do not currently receive CRCCP funding. Respondents for the non-CRCCP funded survey group will be program directors or managers from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a comparable group with whom the Centers for Disease Control and Prevention (CDC) has an established relationship.

The Web-based survey includes questions about respondent background, program activities, clinical service delivery, monitoring and evaluation, partnerships, training and technical assistance needs, and program management and integration. Questions are of various types including dichotomous and multiple response. The estimated burden per response is 75 minutes. There are two versions of the survey: One for CRCCP-funded states and tribal organizations, and one for states and tribal organizations that do not currently receive CRCCP funding. All information will be collected electronically.

The assessment will enable CDC to gauge progress in meeting CRCCP program goals, identify implementation activities, monitor efforts aimed at impacting population-based screening, identify technical assistance needs of state, tribe and territorial health department cancer control programs, and identify implementation models with potential to expand and transition to new settings to increase program impact and reach.

The assessment will also identify successful activities that should be maintained, replicated, or expanded as well as provide insight into areas that need improvement. Current CRCCP funding is through June 2015, however, CDC anticipates that the program will be renewed. Data obtained from the unfunded states or tribes will provide comparison data to facilitate identification of similarities or differences, if any, in colorectal cancer screening activities, including the use of evidence-based strategies to promote and provide cancer screening. OMB approval is requested for three years. Participation in the survey is voluntary and there are no costs to respondents other than their time.