

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Mine Employee .....	Informed Consent .....	285	1	5/60	24
Mine Employee .....	Talent Waiver .....	285	1	2/60	10
Mine Employee .....	Demographic Questionnaire .....	285	1	2/60	10
Mine Employee .....	Task and Cognitive Task Analyses: Continuous Miner Operator.	10	1	2	20
Mine Employee .....	Task and Cognitive Task Analyses: Fire Boss.	10	1	2	20
Mine Employee .....	Direct Observation: Continuous Miner Operator.	10	1	4	40
Mine Employee .....	Direct Observation: Fire Boss .....	10	1	4	40
Mine Employee .....	General Preference Questionnaire ..	75	1	30/60	38
Mine Employee .....	Subject Matter Expert Questionnaire ..	50	1	1	50
Mine Employee .....	Safety Director Questionnaire .....	50	1	30/60	25
Mine Employee .....	Roof Bolter Questionnaire .....	30	2	15/60	15
Mine Employee .....	Vest Usability Testing .....	60	2	45/60	90
Mine Employee .....	Focus Groups .....	30	1	1	30
Mine Employee .....	Lab Experiments .....	30	1	1	30
Total .....	.....	.....	.....	.....	442

**Leroy A. 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. 2015-13799 Filed 6-4-15; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-15-15AME; Docket No. CDC-2015-  
0043]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on a Monitoring and  
Reporting System for the National  
Tobacco Control Program. CDC will use  
the information collected to monitor  
cooperative agreement awardees and to

identify facilitators and challenges to  
program implementation and  
achievement of outcomes.

**DATES:** Written comments must be  
received on or before August 4, 2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2015-  
0043 by any of the following methods:

*Federal eRulemaking Portal:*  
*Regulations.gov.* Follow the instructions  
for submitting comments.

*Mail:* Leroy A. Richardson,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE., MS-  
D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. All relevant comments  
received will be posted without change  
to *Regulations.gov*, including any  
personal information provided. For  
access to the docket to read background  
documents or comments received, go to  
*Regulations.gov*.

**Please note:** All public comment should be  
submitted through the Federal eRulemaking  
portal (*Regulations.gov*) or by U.S. mail to the  
address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact the Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE., MS-D74, Atlanta,  
Georgia 30329; phone: 404-639-7570;  
Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the  
Paperwork Reduction Act of 1995 (PRA)  
(44 U.S.C. 3501-3520), Federal agencies

must obtain approval from the Office of  
Management and Budget (OMB) for each  
collection of information they conduct  
or sponsor. In addition, the PRA also  
requires Federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
previously approved information  
collection before submitting the  
collection to OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

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; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, retain, disclose or  
provide information to or for a Federal  
agency. This includes the time needed  
to review instructions; to develop,  
acquire, install and utilize technology

and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

Monitoring and Reporting System for the National Tobacco Control Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) works with states, territories, tribal organizations, and the District of Columbia (collectively referred to as “state-based” programs) to develop, implement, manage, and evaluate tobacco prevention and control programs. Support and guidance for these programs have been provided through cooperative agreement funding and technical assistance administered by CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Partnerships and collaboration with other federal agencies, nongovernmental organizations, local communities, public and private sector organizations, and major voluntary associations have been critical to the success of these efforts.

NCCDPHP cooperative agreements DP15–1509 (National State-Based Tobacco Control Programs) and DP14–1410PPHF14 (Public Health Approaches for Ensuring Quitline Capacity) continue to support efforts since 1999 to

build state health department infrastructure and capacity to implement comprehensive tobacco prevention and control programs. Through these cooperative agreements, health departments in all 50 states, the District of Columbia, Puerto Rico and Guam are funded to implement evidence-based environmental, policy, and systems strategies and activities designed to reduce tobacco use, secondhand smoke exposure, tobacco-related disparities and associated disease, disability, and death.

CDC plans to request OMB approval to collect information from the 53 state-based programs funded under both DP15–1509 and DP14–1410PPHF14. Awardees will report information about their work plan objectives, activities, and performance measures. Each awardee will submit an Annual Work Plan Progress Report using an Excel-based Work Plan Tool. The estimated burden per response is 3 hours for each Annual Work Plan Progress report. In addition, each awardee will submit an Annual Budget Progress Report using an Excel-based Budget Tool. The estimated burden per response is two hours for each Annual Budget Progress Report.

In Year 1, each awardee will have additional burden related to initial population of the reporting tools. Initial population of the Work Plan Tool is estimated to be 6 hours per response, and initial population of the Budget Tool is estimated to be 4 hours per response. Initial population of the tools is a one-time activity which is annualized over the 3 years of the information collection request. Due to annualization, the 53 awardees are represented as 18 awardees (53/3) in the burden table. After completing the initial population of the tools, pertinent information only needs to be updated for each annual report. The same

instruments will be used for all information collection and reporting.

Awardees will upload their information to *www.grants.gov* on an annual basis to satisfy routine cooperative agreement reporting requirements. Although reporting is required once per year, data entry can occur on a real-time basis. As a result, the reporting tools can also be used for ongoing program management, and support more effective, data-driven technical assistance between NCCDPHP and awardees.

CDC will use the information collected to monitor each awardee’s progress and to identify facilitators and challenges to program implementation and achievement of outcomes. Monitoring allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures. Monitoring and evaluation activities also allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by awardees. These functions are central to NCCDPHP’s broad mission of reducing the burden of chronic diseases. Finally, the information collection will allow CDC to monitor the increased emphasis on partnerships and programmatic collaboration, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

OMB approval is requested for three years. Participation in the information collection is required as a condition of funding. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
State Tobacco Control Managers .....	Initial Population of the Work Plan Tool.	18	1	6	108
	Annual Work Plan Progress Report	53	1	3	159
	Initial Population of the Budget Tool	18	1	4	72
	Annual Budget Progress Report .....	53	1	2	106
Total .....	.....	.....	.....	.....	445

**Leroy A. 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. 2015-13797 Filed 6-4-15; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC-2015-0038; 60Day-15-  
0964]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on a proposed reinstatement  
of an information collection entitled  
“Interventions to Reduce Shoulder  
MSDs in Overhead Assembly”. This  
information collection is part of a study  
to assess the effectiveness and cost-  
benefit of occupational safety and health  
(OSH) interventions to prevent  
musculoskeletal disorders (MSDs)  
among workers in the Manufacturing  
(MNF) sector.

**DATES:** Written comments must be  
received on or before August 4, 2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2015-  
0038 by any of the following methods:

*Federal eRulemaking Portal:*  
*Regulation.gov.* Follow the instructions  
for submitting comments.

*Mail:* Leroy A. Richardson,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE., MS-  
D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. All relevant comments  
received will be posted without change  
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personal information provided. For  
access to the docket to read background

documents or comments received, go to  
*Regulations.gov*.

**Please note:** All public comment should be  
submitted through the Federal eRulemaking  
portal (*Regulations.gov*) or by U.S. mail to the  
address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact the Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE., MS-D74, Atlanta,  
Georgia 30329; phone: 404-639-7570;  
Email: *omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the  
Paperwork Reduction Act of 1995 (PRA)  
(44 U.S.C. 3501-3520), Federal agencies  
must obtain approval from the Office of  
Management and Budget (OMB) for each  
collection of information they conduct  
or sponsor. In addition, the PRA also  
requires Federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
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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; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, retain, disclose or  
provide information to or for a Federal  
agency. This includes the time needed  
to review instructions; to develop,  
acquire, install and utilize technology  
and systems for the purpose of  
collecting, validating and verifying  
information, processing and  
maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to

a collection of information, to search  
data sources, to complete and review  
the collection of information; and to  
transmit or otherwise disclose the  
information.

#### Proposed Project

Interventions to Reduce Shoulder  
MSDs in Overhead Assembly—  
Reinstatement—(OMB Control No.  
0920-0964, Expired 4/30/2015),  
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. Under Public Law 91-  
596, sections 20 and 22 (Section 20-22,  
Occupational Safety and Health Act of  
1970), NIOSH has the responsibility to  
conduct research to advance the health  
and safety of workers. In this capacity,  
NIOSH proposes a reinstatement for a  
study to assess the effectiveness and  
cost-benefit of occupational safety and  
health (OSH) interventions to prevent  
musculoskeletal disorders (MSDs)  
among workers in the Manufacturing  
(MNF) sector. The original information  
collection request expired on April 30,  
2015. A reinstatement is being requested  
in order to allow the program to resume  
the data collection activities.

MSDs represent a major proportion of  
injury/illness incidence and cost in the  
U.S. Manufacturing (MNF) sector. In  
2008, 29% of non-fatal injuries and  
illnesses involving days away from  
work (DAW) in the MNF sector involved  
MSDs and the MNF sector had some of  
the highest rates of MSD DAW cases.  
The rate for the motor vehicle  
manufacturing sub-sector (NAICS 3361)  
was among the highest of MNF sub  
sectors, with MSD DAW rates that were  
higher than the general manufacturing  
MSD DAW rates from 2003-2007.

In automotive manufacturing  
overhead conveyance of the vehicle  
chassis requires assembly line  
employees to use tools in working  
postures with the arms elevated. These  
postures are believed to be associated  
with symptoms of upper limb  
discomfort, fatigue, and impingement  
syndromes (Fischer et al., 2007).  
Overhead working posture, independent  
of the force or load exerted with the  
hands, may play a role in the  
development in these conditions.

However, recent studies suggest a  
more significant role of localized  
shoulder muscle fatigue in contributing  
to these disorders. Fatigue of the  
shoulder muscles may result in changes