

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent*	Total responses	Average burden per response (in hours)	Total burden hours
Heart Recipient Registration	137	20.5	2,805	1.2	3,366.0
Heart Follow-Up (6 Months)	137	16.5	2,261	0.4	904.4
Heart Follow-Up (1–5 Years)	137	77.3	10,595	0.9	9,535.5
Heart Follow-Up (Post 5 Years)	137	117.4	16,085	0.5	8,042.5
Heart Post-Transplant Malignancy	137	11.8	1,623	0.9	1,460.7
Lung Candidate Registration	70	37.0	2,592	0.9	2,332.8
Lung Recipient Registration	70	29.4	2,058	1.2	2,469.6
Lung Follow-Up (6 Months)	70	25.8	1,809	0.5	904.5
Lung Follow-Up (1–5 Years)	70	99.1	6,939	1.1	7,632.9
Lung Follow-Up (Post 5 Years)	70	70.0	4,898	0.6	2,938.8
Lung Post-Transplant Malignancy	70	15.8	1,106	0.4	442.4
Heart/Lung Candidate Registration	68	0.7	46	1.1	50.6
Heart/Lung Recipient Registration	68	0.2	14	1.3	18.2
Heart/Lung Follow-Up (6 Months)	68	0.2	13	0.8	10.4
Heart/Lung Follow-Up (1–5 Years)	68	1.4	94	1.1	103.4
Heart/Lung Follow-Up (Post 5 Years)	68	2.9	199	0.6	119.4
Heart/Lung Post-Transplant Malignancy	68	0.3	21	0.4	8.4
Liver Candidate Registration	140	85.9	12,026	0.8	9,620.8
Liver Recipient Registration	140	50.9	7,125	1.2	8,550.0
Liver Follow-Up (6 Months–5 Years)	140	235.6	32,985	1	32,985.0
Liver Follow-Up (Post 5 Years)	140	279.3	39,108	0.5	19,554.0
Liver Recipient Explant Pathology	140	12.9	1,812	0.6	1,087.2
Liver Post-Transplant Malignancy	140	14.2	1,985	0.8	1,588.0
Intestine Candidate Registration	40	5.0	200	1.3	260.0
Intestine Recipient Registration	40	3.5	141	1.8	253.8
Intestine Follow-Up (6 Months–5 Years)	40	13.3	530	1.5	795.0
Intestine Follow-Up (Post 5 Years)	40	16.4	655	0.4	262.0
Intestine Post-Transplant Malignancy	40	0.6	24	1	24.0
Kidney Candidate Registration	238	151.6	36,076	0.8	28,860.8
Kidney Recipient Registration	238	75.2	17,899	1.2	21,478.8
Kidney Follow-Up (6 Months–5 Years)	238	383.3	91,234	0.9	82,110.6
Kidney Follow-Up (Post 5 Years)	238	375.9	89,453	0.5	44,726.5
Kidney Post-Transplant Malignancy	238	22.4	5,327	0.8	4,261.6
Pancreas Candidate Registration	133	2.9	389	0.6	233.4
Pancreas Recipient Registration	133	1.8	233	1.2	279.6
Pancreas Follow-Up (6 Months–5 Years)	133	9.4	1,252	0.5	626.0
Pancreas Follow-Up (Post 5 Years)	133	14.7	1,953	0.5	976.5
Pancreas Post-Transplant Malignancy	133	0.9	120	0.6	72.0
Kidney/Pancreas Candidate Registration	133	9.5	1,265	0.6	759.0
Kidney/Pancreas Recipient Registration	133	5.4	718	1.2	861.6
Kidney/Pancreas Follow-Up (6 Months–5 Years)	133	32.0	4,262	0.5	2,131.0
Kidney/Pancreas Follow-Up (Post 5 Years)	133	51.7	6,876	0.6	4,125.6
Kidney/Pancreas Post-Transplant Malignancy Form	133	2.1	283	0.4	113.2
VCA Candidate Registration	28	1.8	49	0.4	19.6
VCA Recipient Registration	28	1.8	49	1.3	63.7
VCA Recipient Follow-Up	28	1.8	49	1	49.0
Total	** 463	488,980	370,274.9

* The Number of Responses per Respondent was calculated by dividing the Total Responses by the Number of Respondents and rounding to the nearest tenth.

** Total number of OPTN member institutions as of April 6, 2017. Number of respondents for transplant candidate or recipient forms based on the organ-specific programs associated with each form.

Amy McNulty,
 Deputy Director, Division of the Executive
 Secretariat.
 [FR Doc. 2017–07526 Filed 4–13–17; 8:45 am]
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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

[Docket Number CDC–2016–0121; NIOSH–
 285]

**Closed-Circuit Escape Respirators;
 Final Guidance for Industry;
 Availability**

AGENCY: Centers for Disease Control and
 Prevention, HHS.

ACTION: Notice of availability.

SUMMARY: On December 28, 2016, the
 National Institute for Occupational
 Safety and Health (NIOSH), within the
 Centers for Disease Control and
 Prevention, Department of Health and
 Human Services, published a notice in
 the **Federal Register** announcing the
 availability of an interim guidance
 document addressing the availability of
 closed-circuit escape respirators
 (CCERs) for purchase, and the readiness
 of respirator manufacturers to comply
 with the regulatory provisions

addressing these respirators. After consideration of public comments, NIOSH has revised the guidance and now announces that NIOSH does not intend to revoke any certificate of approval for any escape respirator approved for use in mining in accordance with NIOSH regulations, that are manufactured, labeled, or sold prior to June 1, 2019, provided that there is no cause for revocation under existing NIOSH regulation.

DATES: The final guidance announced in this **Federal Register** notice is effective on April 14, 2017.

FOR FURTHER INFORMATION CONTACT: Maryann D'Alessandro, NIOSH National Personal Protective Technology Laboratory, 626 Cochrans Mill Road, Pittsburgh, PA 15236; 1-888-654-2294 (this is a toll-free phone number); PPEconcerns@cdc.gov.

SUPPLEMENTARY INFORMATION: The final guidance announced in this notice addresses the availability of closed-circuit escape respirators (CCERs) for purchase and the readiness of respirator manufacturers to comply with the provisions in Part 84, Subpart O, of Title 42 of the Code of Federal Regulations (CFR). Pursuant to a **Federal Register** notice published on February 10, 2016, beginning on January 4, 2017, manufacturers were no longer authorized to manufacture, label, and sell 1-hour escape respirators, known in the mining community as self-contained self-rescuers (SCSRs), approved in accordance with the certification testing standards in Part 84, Subpart H.¹ Beginning on May 14, 2016, manufacturers were no longer authorized to manufacture, label, or sell 10-minute escape respirators for use in mining approved pursuant to Subpart H.²

In an interim guidance document published on December 28, 2016,³ NIOSH announced its intention not to revoke any certificate of approval for 1-hour escape respirators approved in accordance with 42 CFR part 84, Subpart H, that are manufactured, labeled, or sold prior to January 4, 2018, provided that there is no cause for revocation under 42 CFR 84.34 or 84.43(c). Upon consideration of public comments submitted to the docket for this action, NIOSH has reconsidered the scope of the guidance as well as the

compliance deadline.⁴ The final guidance is summarized below. The full final guidance, entitled "Closed-Circuit Escape Respirators Approved for Use in Mining, 42 CFR part 84, Subpart O Compliance; Guidance for Industry; Final" is available on the NIOSH National Personal Protective Technology Web site at www.cdc.gov/niosh/npptl.

Standards for the approval of CCERs were updated in a final rule published March 8, 2012, in which HHS codified the new Subpart O and removed only those technical requirements in 42 CFR part 84, Subpart H that were uniquely applicable to CCERs.⁵ All other applicable requirements of 42 CFR part 84 were unchanged. The purpose of these updated requirements is to enable NIOSH and the Mine Safety and Health Administration (MSHA), which co-approves respirators used in underground coal mining, respirator manufacturers, and ultimately, respirator users, to more effectively ensure the performance, reliability, and safety of CCERs used in all workplace applications.⁶ The March 2012 final rule established a sunset provision for the Subpart H standards on April 9, 2015, three years after the final rule's effective date; the three-year period was intended to provide sufficient time for manufacturers to obtain certificates of approval for CCER designs developed under the Subpart O standards. Since April 10, 2012, no new applications for approval of Subpart H SCSRs have been accepted.

However, manufacturers did not develop small capacity CCERs approved for use in mining or large capacity CCERs approved for use in non-mining and mining in time to meet the April 2015 transition deadline and, as a result, NIOSH ultimately extended the deadline to one year after the date that the first approval was granted to those CCER models.⁷ Under this deadline extension formula, manufacturers were authorized to continue the manufacturing, labeling, and sale of 10-minute Subpart H escape respirators approved for use in mining until May 13, 2016 and 1-hour Subpart H escape

respirators for use in mining until January 4, 2017.

The deadline extensions have contributed to the availability of new escape respirator designs which conform to the Subpart O requirements, and have addressed the needs of certain broad segments of the market for such devices;⁸ however, MSHA has recently expressed concern that a market gap is imminent in the underground coal mining industry.⁹ Further communications with stakeholders, including the underground coal mine industry and respirator manufacturers, some of whom submitted comments to the docket for this action, have indicated that the supply of Subpart O CCERs approved for use in mining are insufficient to meet the current needs of the mining industry.

In order to allow mine operators access to all of the tools necessary to protect miners, to give respirator manufacturers time to develop a solution to the mine industry's desire for person-wearable Subpart O CCERs, and to ensure a smooth transition from the Subpart H to Subpart O approval standards, NIOSH does not intend to revoke any certificate of approval for escape respirators approved for use in mining in accordance with 42 CFR part 84, Subpart H, that are manufactured, labeled, or sold prior to June 1, 2019, provided that there is no cause for revocation under 42 CFR 84.34 or 84.43(c), including misuse of approval labels and markings, misleading advertising, and failure to maintain or cause to be maintained the applicable quality control requirements.

The final guidance, available on the NIOSH National Personal Protective Technology Web site, does not create any new deadlines or waive any existing deadlines. The final guidance is not an interpretation of 42 CFR 84.301(a), it is a policy statement regarding NIOSH's intent to not revoke, except for cause, any certificate of approval for escape respirators approved for use in mining in accordance with 42 CFR part 84,

⁴ One public commenter asked that we extend the comment period for this action. Although we are closing the comment period for this final guidance, we are considering additional steps, such as a public meeting, to continue a dialog with stakeholders concerning the implementation of the CCER standards in 42 CFR part 84, Subpart O.

⁵ 77 FR 14168.

⁶ See 77 FR 14168 at 14169-14182 to read the background for this rulemaking; additional background materials as well as public comments are available in NIOSH Docket 005.

⁷ 80 FR 4801 (January 29, 2015).

⁸ The maritime market, which includes the U.S. Navy, have been quick adopters of newly-approved small capacity (Cap 1) CCERs (often referred to in that market as emergency escape breathing devices or EEBDs). Cap 1 CCERs which were available to replace Subpart H, 10-minute approved apparatus are being deployed in that market segment in great numbers.

⁹ Joe Main, Assistant Secretary of Labor, MSHA, letter to John Howard, Director, NIOSH, December 14, 2016. This letter is available in the docket for this guidance and corresponding **Federal Register** notice.

¹ 81 FR 7121.

² See NIOSH final rule, Closed-Circuit Escape Respirators; Extension of Transition Period, 80 FR 48268 (August 12, 2015).

³ The December 2016 guidance was announced in a **Federal Register** notice published on December 28, 2016 (81 FR 95623).

Subpart H, that are manufactured, labeled, or sold prior to June 1, 2019.

Thomas E. Price,

Secretary, Department of Health and Human Services.

[FR Doc. 2017-07587 Filed 4-13-17; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Accreditation of King Laboratories, Inc., as a Commercial Laboratory

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: Notice of accreditation of King Laboratories, Inc., as a commercial laboratory.

SUMMARY: Notice is hereby given, pursuant to CBP regulations, that King Laboratories, Inc., has been accredited to test petroleum and certain petroleum products for customs purposes as of February 15, 2017.

DATES: *Effective:* The accreditation of King Laboratories, Inc., as commercial laboratory became effective on February 15, 2017. The next triennial inspection date will be scheduled for September 2018.

FOR FURTHER INFORMATION CONTACT: Approved Gauger and Accredited Laboratories Manager, Laboratories and Scientific Services Directorate, U.S.

Customs and Border Protection, 1300 Pennsylvania Avenue NW., Suite 1500N, Washington, DC 20229, tel. 202-344-1060.

SUPPLEMENTARY INFORMATION: Notice is hereby given pursuant to 19 CFR 151.12, that King Laboratories, Inc., 1300 E. 223rd St., #401, Carson, CA 90745, has been accredited to test petroleum and certain petroleum products for customs purposes, in accordance with the provisions of 19 CFR 151.12.

King Laboratories, Inc., is accredited for the following laboratory analysis procedures and methods for petroleum and certain petroleum products set forth by the U.S. Customs and Border Protection Laboratory Methods (CBPL) and American Society for Testing and Materials (ASTM):

CBPL No.	ASTM	Title
	ASTM D7153	Standard Test Method for Freezing Point of Aviation Fuels (Automatic Laser Method).

Anyone wishing to employ this entity to conduct laboratory analyses and gauger services should request and receive written assurances from the entity that it is accredited or approved by the U.S. Customs and Border Protection to conduct the specific test or gauger service requested. Alternatively, inquiries regarding the specific test or gauger service this entity is accredited or approved to perform may be directed to the U.S. Customs and Border Protection by calling (202) 344-1060. The inquiry may also be sent to CBPGaugersLabs@cbp.dhs.gov. Please reference the Web site listed below for a complete listing of CBP approved gaugers and accredited laboratories. <http://www.cbp.gov/about/labs-scientific/commercial-gaugers-and-laboratories>.

Dated: April 7, 2017.

Ira S. Reese,

Executive Director, Laboratories and Scientific Services Directorate.

[FR Doc. 2017-07559 Filed 4-13-17; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

U.S. Immigration and Customs Enforcement

Agency Information Collection Activities: Extension, Without Change, of an Existing Information Collection; Comment Request; OMB Control No. 1653-0051

AGENCY: U.S. Immigration and Customs Enforcement, Department of Homeland Security.

ACTION: 30-Day Notice of Information collection for review; Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities; OMB Control No. 1653-0051.

The Department of Homeland Security, U.S. Immigration and Customs Enforcement (USICE) is submitting the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies. This information collection was previously published in the **Federal Register** on February 8, 2017, Vol. 82 No. 9752 allowing for a 60 day comment period. No comments were received on this information collection. The purpose of this notice is to allow an additional 30 days for public comments.

Written comments and suggestions regarding items contained in this notice and especially with regard to the estimated public burden and associated

response time should be directed to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the OMB Desk Officer for U.S. Immigration and Customs Enforcement, Department of Homeland Security, and sent via electronic mail to oira_submission@omb.eop.gov or faxed to (202) 395-5806.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.