government agencies, universities, and research institutions to request a permit for the importation of biological agents, infectious substances, or vectors of human disease. This form currently requests applicant and sender contact information; description of material for importation; facility isolation and containment information; and personnel qualifications. CDC plans to revise this application to:

(1) Based on processing applications, remove questions that duplicative or not required to process the import permit request such as CDC plans to revise this application to request information on where the imported material will be stored at the recipient facility and who would be responsible for this location and revise the format for the form to ease of user to complete the form.

(2) Request information the biosafety officer's contact information for the permittee to provide biosafety information in case the permittee is unavailable.

These additional data requests will not affect the burden hours.

In addition, CDC proposes to revise the Application for Permit to Import Biological Agents, Infectious Substances and Vectors of Human Disease into the United States form to verify that the recipient for subsequent transfers has implemented biosafety measures commensurate with the hazard posed by the infectious biological agent, infectious substance, and/or vector to be imported, and the level of risk given its intended use. CDC believes that it will take the applicant additional 10 minutes to complete this section for subsequent transfers. Estimates of burden for the additional questions survey are based on information obtained from the CDC import permit database on the number of permits issued for 2016 for subsequent transfers, which is 380 permits.

The Application for Permit to Import or Transport Live Bats form is used by laboratory facilities such as those operated by government agencies, universities, research institutions, and for educational, exhibition, or scientific purposes to request a permit for the importation, and any subsequent distribution after importation, of live bats. This form currently requests the applicant and sender contact information; a description and intended use of bats to be imported; and facility isolation and containment information. CDC plans to revise this application to add a question about what personal protective measures will be used. This additional data request will not affect the burden hours.

Estimates of burden for the survey are based on information obtained from the CDC import permit database on the number of permits issued on annual basis since 2010. The total estimated burden for the one-time data collection is 1592.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Applicants Requesting to Import Biological Agents, Infectious Substances and Vectors.	Application for Permit to Import Biological Agents, Infectious Substances and Vectors of Human Disease into the United States.	2380	1	30/60	1190
Applicants Requesting to Import Biological Agents, Infectious Substances and Vectors.	Application for Permit to Import Biological Agents, Infectious Substances and Vectors of Human Disease into the United States Guidance.	2380	1	10/60	397
Applicants Requesting to Import Live Bats.	Application for a Permit to Import Live Bats.	10	1	20/60	3
Applicants Requesting to Import Live Bats.	Application for a Permit to Import Live Bats.	10	1	10/60	2
Total					1592

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. 2017–20509 Filed 9–25–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–17HO]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) 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; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) 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; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Test Predictability of Falls Screening Tools—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Falls are the leading cause of fatal and nonfatal injuries among adults aged 65 and older in the US and represent a significant burden to the healthcare system. The first step in clinical falls prevention is for health care practitioners to administer a fall risk screening. The screening identifies whether adults 65 and older are at ''increased risk'' for a fall. Additional assessments and follow-up medical care (*e.g.,* medication review, vitamin D supplements, vision testing, and physical therapy) are then given to those at increased risk. The initial screening step is critical because it identifies who will receive the assessments and follow-up care, which has the potential to place a large burden on health care practitioners and the health care system. Given the demands on health care practitioners, among them to reduce health care costs, it is important to have a screening tool that can reliably identify adults 65 and older who are likely to fall and thus need this additional care. Although there are a number of tools used to screen older adults for fall risk, there is currently no standard for fall risk screening across care settings. This is in part because many of the existing tools have never been tested to determine how well they predict future falls. Thus, research is needed to test the ability of existing screening tools and questions to predict falls in subsequent years.

The proposed data collection will compile a brief set of screening questions that are clinically useful for quickly sorting patients into risk levels for falls. It is expected that the screening questions identified in this project will be recommended for use by CDC as the standard for screening of falls for adults 65 and older in clinical settings. Questions will be asked to a nationally representative sample of adults 65 and older, who will then be followed with surveys repeated monthly over the following year to determine whether and how often they fall. Study data will be collected by internet or phone interviews, depending on respondents' preference. Interviews will consist of a baseline survey beginning immediately after OMB approval, 11 brief monthly update surveys for the 11 months after initial survey, and a final survey (similar in content to the baseline survey) 12 months after initial survey.

At baseline, exploratory factor analysis and confirmatory factor analysis will be used to demonstrate which survey items have the greatest likelihood of predicting future falls. To narrow down the larger list of survey items, item response theory will be used. Descriptive data analysis techniques will be used at every data collection time point in order to clean the data and to look for trends and outliers. Univariate and multivariate data analysis (primarily logistic regression) techniques will be used at 6 and 12 months after initial survey in order to determine which survey questions are related to fall status with statistical significance and to identify which survey questions have the greatest likelihood of predicting fall status while considering whether separate tools are necessary for key subgroups at high risk for falls, such as women and persons with prior history of falls.

OMB approval is requested for two years for this new collection. Findings from this data collection will be used to examine the predictability (sensitivity and specificity) of various sets of screening questions on the occurrence of falls, including medically treated falls. The estimated annual burden hours are 2,970. There are no costs to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating AmeriSpeak Panelists	Initial Postcard-Email	1,463	1	2/60
	Baseline Survey Web Mode	570	1	20/60
	Baseline Survey Phone Mode	380	1	30/60
	Monthly Update Survey (months 1–11) Web Mode.	570	11	10/60
	Monthly Update Survey (months 1–11) Phone Mode.	380	11	15/60
	Final Survey Web Mode	570	1	20/60
	Final Survey Phone Mode	380	1	30/60
	Falls Diary	276	2	5/60
Proxy Respondents	Proxy Survey Web Mode	57	4	3/60
	Proxy Survey Phone Mode	38	4	5/60

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. 2017–20507 Filed 9–25–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2015–0021; Docket Number NIOSH–153–C]

Final Skin Notation Profiles

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: NIOSH announces the availability of the following 9 Skin Notation Profile documents: 1-Bromopropane [CAS No. 106–94–5], Disulfoton [CAS No. 298–04–4], Heptachlor [CAS No. 76–44–8], 2-Hydropropyl acrylate [CAS No. 999–61–1], Trichloroethylene [CAS No. 79–01–7], Tetraethyl lead [CAS No. 78–00–2], Tetramethyl lead [CAS No. 75–74–1], Dimethyl sulfate [CAS No. 77–78–1], Arsenic and compounds [CAS No. 7440–38–2].

DATES: The final Skin Notation Profile documents were published on August 17, 2017.

ADDRESSES: These documents may be obtained at the following link: *http://www.cdc.gov/niosh/topics/skin/skin-notation_profiles.html.*

FOR FURTHER INFORMATION CONTACT: Naomi Hudson, Dr. Ph.D., NIOSH, Education and Information Division (EID), Robert A. Taft Laboratories, 1090 Tusculum Ave., MS–C32, Cincinnati, OH 45226, phone 513/533–8388 (not a toll-free number), email: *iuz8@cdc.gov.*

SUPPLEMENTARY INFORMATION: On May 1, 2015, NIOSH published a request for public review in the **Federal Register** [80 FR 24932] on skin notation profiles and technical documents. All comments received were reviewed and addressed where appropriate.

Dated: September 18, 2017.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2017–20126 Filed 9–25–17; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–17–1053; Docket No. CDC–2017–0079]

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 effort 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 Monitoring and Reporting System for the Division of Community Health's Cooperative Agreement Programs. CDC seeks to continue the collection of information from awardees funded through the Racial and Ethnic Approaches to Community health (REACH) cooperative agreement to provide semi-annual reports to CDC describing their work plan, activities and progress toward achieving objectives during the fourth year of funding.

DATES: Written comments must be received on or before November 27, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0079 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 Leroy A. Richardson, 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 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.