Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VIR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 501–4755, or by faxing your request to (202) 501–4067. Please cite OMB Control No. 3090–00XX, Tangible Personal Property Report, in all correspondence.

Dated: November 9, 2007.

Casey Coleman,

Chief Information Officer.

[FR Doc. 07–5735 Filed 11–15–07; 8:45 am]

BILLING CODE 6820–RH–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–08–0138]

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 404–639–5960 or send comments to Maryam Daneshvar, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Pulmonary Function Testing Course Approval Program, 29 CFR 1910.1043 (OMB No. 0920–0138)—Extension—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

NIOSH has the responsibility under the Occupational Safety and Health Administration's Cotton Dust Standard, 29 CFR 1920.1043, for approving courses to train technicians to perform pulmonary function testing in the cotton industry. Successful completion of a NIOSH-approved course is mandatory under the Standard. To carry out its responsibility, NIOSH maintains a Pulmonary Function Testing Course Approval Program. The program consists of an application submitted by potential sponsors (universities, hospitals, and private consulting firms) who seek NIOSH approval to conduct courses, and if approved, notification to NIOSH of any course or faculty changes during the approval period, which is limited to five years. The application form and added materials, including an agenda, curriculum vitae, and course materials are reviewed by NIOSH to determine if the applicant has developed a program which adheres to the criteria required in the Standard. Following approval, any subsequent changes to the course are submitted by course sponsors via letter or e-mail and reviewed by NIOSH staff to assure that the changes in faculty or course content continue to meet course requirements. Course sponsors also voluntarily submit an annual report to inform NIOSH of their class activity level and any faculty changes. Sponsors who elect to have their approval renewed for an additional 5 year period submit a renewal application and supporting documentation for review by NIOSH staff to ensure the course curriculum meets all current standard requirements. Approved courses that elect to offer NIOSH-Approved Spirometry Refresher Courses must submit a separate application and supporting documents for review by NIOSH staff. Institutions and organizations throughout the country voluntarily submit applications and materials to become course sponsors and carry out training. Submissions are required for NIOSH to evaluate a course and determine whether it meets the criteria in the Standard and whether technicians will be adequately trained as mandated under the Standard. The estimated annual burden to respondents is 196 hours. There will be no cost to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Forms for respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs)	Total burden (in hrs)
Initial Application	3	1	3.5	11
Annual Report	35	1	30/60	18
Report for Course Changes	12	1	45/60	9
Renewal Application	13	1	6	78
Refresher Course Application	10	1	8	80
Total	73			196

Dated: Novmeber 9, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–22418 Filed 11–15–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–08–07AF]

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 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

Evaluation of the Safe Dates Project—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and brief description of the proposed project: The specific aims of this study are to describe the implementation and drivers of implementation of the Safe Dates program (implementation evaluation); to evaluate its impact on desired outcomes, including prevention of and reduction in dating violence victimization and perpetration (including psychological abuse, stalking, physical violence, and sexual violence) among ninth-grade students (experimental effectiveness evaluation); and to evaluate its cost-effectiveness, including cost-utility (cost evaluation). The evaluation will require participation from staff and students at 54 schools (18 treatment schools receiving the Safe Dates program with teacher training and observation, 18 treatment schools receiving the Safe Dates program without teacher training and observation, and 18 control schools not receiving the Safe Dates program).

Implementation evaluation data will be collected primarily through Web questionnaires completed by principals, school prevention coordinators, and teachers delivering the program; effectiveness evaluation data will be collected via classroom scannable forms with ninth-graders who attend treatment or control schools; and cost evaluation data will be collected via a Web survey of teachers delivering the program who receive training and observation. High schools that agree to participation will be matched into sets of three.

Characteristics that will be considered in the matching process include demographics and urban/rural county type. Large schools will be given the option to invite a census of ninth grade students to participate in the study or to invite a subset of ninth grade students (in certain classes) to participate. Schools within a set of three will be matched on census versus subset selection of ninth graders to ensure that all schools in a set use the same selection process. Eighteen matched sets of three schools will be selected. One school from each matched set will be assigned randomly either to receive the Safe Dates program with teacher training and observation, to receive the Safe Dates program without teacher training and observation, or to serve as a control group.

Approximately 10,158 students at the 54 schools will complete a baseline effectiveness evaluation scannable survey. During the classroom-administered survey, information will be collected from students about how they feel about dating, communicating with a dating partner, and attitudes and behaviors related to violence, including violence between preteen and teen dating couples. Informed written consent from parents for their child's participation and informed written consent from ninth graders for their own participation will be obtained. During Web surveys, school staff will be asked about implementation and costs of the Safe Dates program.

Effectiveness evaluation baseline data collection will span the period from October to November 2007, and follow-up data collection will occur during January and February 2009. Assuming an 80 percent response rate at follow-up, it is anticipated that a total of 8,126 students will complete follow-up effectiveness evaluation surveys.

To evaluate the implementation and implementation drivers of the program, principals and prevention coordinators at all 54 schools will be asked to complete a series of Web surveys from October 2007 to February 2009. Assuming a 91 percent response rate for all school staff surveys, it is anticipated that 48 principals and 48 prevention coordinators will complete baseline implementation questionnaires, 32 principals and 32 prevention coordinators at treatment schools will complete mid-implementation questionnaires, 49 principals will complete end-of-school year implementation questionnaires, and 49 prevention coordinators will complete follow-up implementation questionnaires. In addition, 98 teachers at treatment schools will complete Web baseline implementation questionnaires, 49 teachers at treatment schools receiving training and observation will complete cost questionnaires, and 98 teachers at treatment schools will complete two mid-implementation questionnaires each. Students at treatment schools (n= 4,515) will also complete two mid-implementation questionnaires each.

It is anticipated that study results will be used to determine the Safe Dates program's effectiveness, economic and time costs, cost-effectiveness, cost-utility, feasibility of implementation, dissemination facilitators, and needed improvements for implementation with fidelity.

There are no costs to respondents except their time to participate in the interview. The total estimated annualized burden hours are 14,112.

ESTIMATED ANNUALIZED BURDEN

Type of respondent	Instrument name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Student	Effectiveness baseline survey	10,158	1	35/60
	First mid-implementation survey	3,612	1	25/60
	Second mid-implementation survey	3,612	1	25/60
	Effectiveness follow-up survey	8,126	1	35/60