NOTIFICATION PROCEDURE:

Individuals wishing to inquire if the system contains information about them should contact the Pegasys system manager.

RECORD ACCESS PROCEDURE:

Requests for access may be directed to the Pegasys system manager.

RECORD CONTESTING PROCEDURE:

GSA rules for accessing records, for contesting the contents, and appealing initial decisions are in 41 CFR part 105–64, published in the **Federal Register**.

RECORD SOURCES:

The sources for information in Pegasys are the individuals about whom the records are maintained, the supervisors of those individuals, and existing agency systems.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[60Day-14–14FA]

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–D74, 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

State Surveillance under the National Toxic Substance Incidents Program (NTSIP)—NEW—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is sponsoring the National Toxic Substance Incidents Program (NTSIP) to gather information from many resources to protect people from harm caused by spills and leaks of toxic substances. The NTSIP information will be used to help prevent or reduce the harm caused by toxic substance incidents. The NTSIP is modeled partially after the Hazardous Substances Emergency Events Surveillance (HSEES) Program which ran from 1992 to 2012 [OMB number: 0923–0008; expiration date 01/31/2012], with additions suggested by stakeholders to have a more complete program. The NTSIP has three components: A national database, state surveillance, and the response team. This information collection request is focused on the state surveillance component.

The NTSIP is the only federal public health-based surveillance system to coordinate the collection, collation, analysis, and distribution of acute toxic substance incidents data to public health and safety practitioners. Because thousands of acute spills occur annually around the country, it is necessary to establish this surveillance system to describe the public health impacts on the population of the United States. The ATSDR is seeking a three-year approval for the ongoing collection of information for the state surveillance system.

The main objectives of this information collection are to:

1. describe toxic substance releases and the public health consequences associated with such releases within the participating states,

2. identify and prioritize vulnerabilities in industry, transportation, and communities as they relate to toxic substance releases, and

3. identify, develop, and promote strategies that could prevent ongoing and future exposures and resultant health effects from toxic substance releases.

The NTSIP surveillance system will be incident-driven and all acute toxic substance incidents occurring within the participating states will be included. Upon Office of Management and Budget (OMB) approval, participating states will include Alaska, California, Louisiana, Michigan, Missouri, New York, North Carolina, Oregon, Tennessee, Utah, and Wisconsin.

A standardized set of data will be collected by the NTSIP coordinator for each incident. The NTSIP coordinator may be a federal employee assigned to the state or an employee of the state health department. State, but not federal, NTSIP coordinators will incur recordkeeping burden during two phases.

During the first phase, the NTSIP coordinators will rapidly collect and enter data from a variety of existing data sources. Examples of existing data sources include, but are not limited to, reports from the media, the National Response Center, the U.S. Department of Transportation Hazardous Materials Information Reporting System, and state environmental protection agencies. Approximately 65% of the information is expected to be obtained from existing data sources.

The second phase of the information collection will require the NTSIP coordinators to alert other entities of the incident when appropriate and to request additional information to complete the remaining unanswered data fields. Approximately 35% of the information is expected to be obtained from calling, emailing, or faxing additional types of respondents by the NTSIP coordinators.

These additional respondents will incur reporting burden and include, but are not limited to, the on-scene commander of the incident, emergency government services (e.g., state divisions of emergency management, local emergency planning committees, fire or Hazmat units, police, and emergency medical services), the responsible party (i.e., the ''spiller''), other state and local government agencies, hospitals and local poison control centers.

The NTSIP coordinator will enter data directly into an ATSDR internet-based data system. NTSIP materials, including a public use data set, annual report, and published articles will be made available on the ATSDR NTSIP Web page at *http://www.atsdr.cdc.gov/ntsip/*.

There are no costs to respondents besides their time. The total burden hours requested is 1,821.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
State NTSIP Coordinators	NTSIP State Data Collection Form ..	3	426	1	1,278
On-scene commanders	NTSIP State Data Collection Form ..	110	1	30/60	55
Emergency government services	NTSIP State Data Collection Form ..	810	1	30/60	405
Responsible party	NTSIP State Data Collection Form ..	15	1	30/60	8
Other state and local governments	NTSIP State Data Collection Form ..	60	1	30/60	30
Hospitals	NTSIP State Data Collection Form ..	10	1	30/60	5
Poison Control Centers	NTSIP State Data Collection Form ..	80	1	30/60	40
Total					1,821

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 73543–73545, dated December 6, 2013) is amended to reflect the reorganization for the staff offices within the Office of the Director, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

After the functional statement for the Office of the Director (CA), insert the following:

Program Performance and Evaluation Office (CA1). The mission of the Program Performance and Evaluation Office (PPEO) is to increase the impact and effectiveness of public health programs through innovation and sound program design and the use of performance and evaluation data for continuous improvement. In carrying out this mission, PPEO: (1) Provides agency-wide direction, standards, and technical assistance for program planning, performance and accountability, and program evaluation and effectiveness; (2) serves as advisor to the CDC Principal Deputy Director and the CDC Director's Office on key programmatic activities; (3) provides intensive analytic and advisory assistance to enable effective redesign of select program priorities; (4) represents the CDC vision, mission, and program strategy internally and externally; (5) develops and promotes new initiatives based on emerging issues, science, and policy; (6) supports the harmonization and integration of performance measurement, accountability, and program evaluation; (7) provides agency-wide direction, standards, and technical assistance to support and guide program evaluation, monitoring, and performance measurement by programs; (8) guides the collection and analysis of performance and accountability data, including Healthy People 2020, the Program Assessment Rating Tool and the Government Performance and Results Act; (9) supports assessment of program effectiveness to guide further science, policy, and programmatic efforts; (10) manages evaluation fellowship; (11) guides performance-based strategic planning; (12) drives short-term and long-term program planning; (13) establishes routine, continuous improvement based on effective program evaluation, and performance measurement; (14) supports evidence-driven program redesign; (15) coordinates action planning for high impact initiatives; and (16) develops, promotes and coordinates new initiatives.

CDC-Washington Office (CAB). (1) Directs and manages CDC interactions with Congress; (2) develops and executes legislative strategies; (3) collaborates with the Office of the Chief Operating Officer on the development and execution of strategies in Congress that advance CDC appropriations priorities; (4) builds Congressional relations; (5) tracks and analyzes legislation; (6) develops strategy and leads response efforts for Congressional oversight; (7) builds relations with government agencies and other organizations to advance policy agendas, with an emphasis on federal agencies; (8) protects and advances the agency's reputation, scientific credibility, and interests; (9) informs CDC leadership of current developments and provides insight into the Washington policy environment; (10) coordinates District of Columbia-area assignees and helps maximize their impact in supporting the agency's strategies and priorities; and (11) coordinates CDC's partnership activities as they relate to Washington-based, or Washington-focused organizations, and works across the agency to advance Washington relationships.

Delete in its entirety the mission and functional statements for the Office of the Associate Director for Program (CAF), within the Office of the Director (CA).

Delete in its entirety the mission statement for the Management Analysis and Services Office (CAJRC), within the Office of the Chief Information Officer (CAJR), Office of the Chief Operating Officer (CAJ), and insert the following:

Management Analysis and Services Office (CAJRC). The Management Analysis and Services Office (MASO) mission is supporting the functioning and integrity of CDC's administrative functions. MASO supports the CDC mission through professional services in high impact areas across the agency. Customer-centered services are delivered by MASO in the areas of records management; federal advisory committee management; internal controls and risk management; and policy management. The scope of MASO's services also encompass oversight, regulatory interpretation, policy guidance, technical advice, and coordination in the areas of delegations of authority, organizations and functions, and electronic forms management.

Delete in its entirety the functional statement for the Information Services Branch (CAJRCC), within the