

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]

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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*.

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.

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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
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*.

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

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