

Commissary Agency
 NSN(s)—Product Name(s):
 7930-01-621-6646—Detergent,
 Dishwashing, EPA Certified, BX/4
 Bottles
 7930-01-694-9775—Cleaner, Degreaser,
 Multipurpose, EPA Certified
 7930-01-618-2179—Rinse Additive,
 Dishwasher, EPA Certified, 2 Bottles
 7930-01-694-9778—Pre-Soak, Flatware,
 EPA Certified
 7930-01-695-1910—Cleaner, Floor,
 Environmentally Safe
 7930-01-671-7469—Dish Soap, Manual,
 EPA Certified
 6850-01-695-0086—De-Limer/De-Scaler,
 Dishwasher, EPA Certified
 Authorized Source of Supply: Goodwill
 Vision Enterprises, Rochester, NY
 Contracting Activity: GSA/FSS GREATER
 SOUTHWEST ACQUISITI, FORT
 WORTH, TX
 NSN(s)—Product Name(s): 7510-01-683-
 3781—Toner Cartridge, LaserJet,
 Remanufactured, HP 78X, Black, Page
 Yield 3000
 Authorized Source of Supply: Alabama
 Industries for the Blind, Talladega, AL
 Contracting Activity: GSA/FAS ADMIN
 SVCS ACQUISITION BR(2, NEW YORK,
 NY
 Service(s)
 Service Type: Medical Transcription
 Mandatory for: Department of Veterans
 Affairs, Durham VA Medical Center,
 Durham, NC
 Authorized Source of Supply: Lighthouse for
 the Blind of Houston, Houston, TX
 Contracting Activity: VETERANS AFFAIRS,
 DEPARTMENT OF, 246-NETWORK
 CONTRACTING OFFICE 6
 Service Type: Eyewear Prescription Service
 Mandatory for: Department of Veterans
 Affairs: Veteran Integrated Services
 Network 7 (Alabama, Georgia and South
 Carolina)
 Authorized Source of Supply: Winston-Salem
 Industries for the Blind, Inc, Winston-
 Salem, NC
 Contracting Activity: VETERANS AFFAIRS,
 DEPARTMENT OF, NAC
 Service Type: Eyewear Prescription Service
 Mandatory for: VA Outpatient Clinic, Port
 Richey, FL
 Authorized Source of Supply: Winston-Salem
 Industries for the Blind, Inc, Winston-
 Salem, NC
 Contracting Activity: VETERANS AFFAIRS,
 DEPARTMENT OF, NAC
 Service Type: Eyewear Prescription Service
 Mandatory for: Department of Veterans
 Affairs Medical Center: 6439 Garners
 Ferry Road, Columbia, SC
 Authorized Source of Supply: Winston-Salem
 Industries for the Blind, Inc, Winston-
 Salem, NC
 Contracting Activity: VETERANS AFFAIRS,
 DEPARTMENT OF, NAC
 Service Type: Eyewear Prescription Service
 Mandatory for: Department of Veterans
 Affairs Medical Center Outpatient Clinic:
 3510 Augusta Road, Greenville, SC
 Authorized Source of Supply: Winston-Salem
 Industries for the Blind, Inc, Winston-

Salem, NC
 Contracting Activity: VETERANS AFFAIRS,
 DEPARTMENT OF, NAC

Michael R. Jurkowski,
 Director, Business Operations.
 [FR Doc. 2025-09315 Filed 5-22-25; 8:45 am]
 BILLING CODE 6353-01-P

CONSUMER PRODUCT SAFETY COMMISSION

[Docket No. CPSC-2009-0102]

Agency Information Collection Activities; Extension of Collection; National Electronic Injury Surveillance System (NEISS) and Follow-Up Activities for Product Related Injuries

AGENCY: Consumer Product Safety
 Commission.

ACTION: Notice of information collection;
 request for comment.

SUMMARY: As required by the Paperwork
 Reduction Act of 1995, the Consumer
 Product Safety Commission (CPSC or
 Commission) announces that the
 Commission has submitted to the Office
 of Management and Budget (OMB) a
 request for extension of approval of
 information collection to obtain data on
 consumer product-related injuries, and
 follow-up activities for product-related
 injuries. OMB previously approved the
 collection of information under control
 number 3041-0029. OMB's most recent
 extension of approval will expire on
 May 31, 2025. On February 27, 2025,
 CPSC published a notice in the **Federal
 Register** to announce the agency's
 intention to seek extension of approval
 of the collection of information. The
 Commission received four comments.
 By publication of this notice, the
 Commission announces that CPSC has
 submitted to the OMB a request for
 extension of this collection of
 information.

DATES: Submit comments on the
 collection of information by June 23,
 2025.

ADDRESSES: Submit comments about
 this request by email: OIRA_submission@omb.eop.gov or fax: 202-
 395-6881. Comments by mail should be
 sent to the Office of Information and
 Regulatory Affairs, Attn: OMB Desk
 Officer for the CPSC, Office of
 Management and Budget, Room 10235,
 725 17th Street NW, Washington, DC
 20503. Written comments that are sent
 to OMB also should be submitted
 electronically at <http://www.regulations.gov>, under Docket No.
 CPSC-2009-0102.

FOR FURTHER INFORMATION CONTACT:
 Cynthia Gillham, Consumer Product
 Safety Commission, 4330 East West
 Highway, Bethesda, MD 20814; (301)
 504-7791, or by email to: pra@cpsc.gov.

SUPPLEMENTARY INFORMATION: CPSC
 seeks to renew the following currently
 approved collection of information:
Title: National Electronic Injury
 Surveillance System (NEISS) and
 Follow-up Activities for Product Related
 Injuries.

OMB Number: 3041-0029.

Type of Review: Extension of
 collection.

Frequency of Response: On occasion.

Affected Public: Hospitals and
 individuals.

General Description of Collection: The
 Consumer Product Safety Act (CPSA)
 requires the Commission to collect
 information related to the cause and
 prevention of death, injury, and illness
 associated with consumer products. 15
 U.S.C. 2054(a). CPSC conducts
 continuing studies and investigations of
 deaths, injuries, diseases, other health
 impairments, and economic losses
 resulting from incidents involving
 consumer products. CPSC obtains
 information about product-related
 deaths, injuries, and illnesses from a
 variety of sources, including news
 outlets, death certificates, consumer
 complaints, and medical facilities. In
 addition, CPSC operates the National
 Electronic Injury Surveillance System
 (NEISS) to collect data on consumer
 product-related injuries treated in
 hospital emergency departments in the
 United States. CPSC also uses the NEISS
 system to collect information on
 childhood poisonings in accordance
 with the Poison Prevention Packaging
 Act of 1970.

From these sources, the CPSC selects
 cases of interest for further investigation
 by contacting individuals who
 witnessed or were injured in incidents
 involving consumer products. These
 investigations are conducted on-site
 (face-to-face), by telephone, or by the
 internet. This information is also
 collected by contacting state and local
 officials, including police, coroners and
 fire investigators, and others with
 knowledge of the incident.

CPSC uses the information from this
 collection to support development and
 improvement of voluntary standards;
 proceedings for the development of
 mandatory standards and regulations;
 information and education campaigns;
 and administrative and judicial
 proceedings for enforcement of the
 statutes, standards, and regulations
 administered by the agency. The
 information collected informs the

agency in its efforts to remove unsafe products from channels of distribution and consumers' homes, and it provides information to the public about the safety of consumer products.¹

Estimated Number of Respondents: CPSC estimates a total number of 3,110 respondents, annually. CPSC estimates 160 respondents to NEISS, which includes hospitals that directly report information to NEISS and hospitals that allow access to a CPSC contractor who collects the data for NEISS. CPSC estimates 2,950 individual respondents expected to be interviewed by CPSC for further investigations of reported cases.

Estimated Time per Response: All NEISS data are reported electronically and NEISS coders directly submit data to CPSC through the internet on a CPSC-developed application called WebNEISS. The NEISS coders review an estimated 4.5 million emergency department charts annually. Each chart review requires approximately 30 seconds to review and determine if the record is reportable. On average, the

1.15 million reportable records take 2 minutes each to enter into WebNEISS. Records that qualify for a special study take an additional 90 seconds to 2 minutes to code. Collecting emergency department records for review, correcting error messages, and other tasks takes between 2.5 and 6 hours weekly. Respondents also spend about 8–36 hours per year participating in related activities (training, evaluations, and communicating with other hospital staff). The average burden per respondent is 720 hours. However, the total burden hours on each respondent varies, due to differences in the sizes of the hospitals (e.g., small rural hospitals versus large metropolitan hospitals). The smallest hospital will report an estimated 250 cases with a burden of about 150 hours, while the largest hospital will report an estimated 65,000 cases with a burden of about 4,500 hours.

Information for follow-up investigations from NEISS and other

sources is collected through traditional face-to-face, telephone, or internet-based interviews with consumers, witnesses, and other knowledgeable parties, such as fire, police, and healthcare professionals. On average, an on-site interview takes about 4.5 hours. CPSC staff also complete about 750 in-depth investigations (IDIs) by telephone through the use of a Computer Assisted Telephone Interview (CATI) or self-administered Computer Assisted Internet Interviews (CAII) questionnaires. Each CATI or CAII IDI requires about 20 minutes to complete. CPSC estimates 13,523 annual burden hours on these respondents: 13,275 hours for face-to-face interviews and 248 hours for in-depth telephone or internet interviews.

Total Estimated Annual Burden: Table 1 summarizes the burden of the collection. The total estimated annualized burden to respondents is 128,523 hours (115,248 for NEISS respondents and 13,523 for individuals).

TABLE 1—AVERAGE ANNUAL BURDEN

	Respondents	Frequency	Responses	Burden per response (minutes)	Total burden (hours)
NEISS	160	7,188	1,150,000	6.0	115,000
Other Respondents	2,950	1	2,950	275.0	13,523
Total	3,110	371	1,152,950	6.7	128,523

Total Estimated Annual Cost to Respondents: The total costs to NEISS respondents are estimated at approximately \$6.9 million. NEISS respondents enter into contracts with CPSC and are compensated for these costs. The average cost per respondent is estimated to be about \$43,000. The average cost per burden hour is estimated to be \$60 per hour (including wages and overhead). However, the actual cost to each respondent varies due to the type of respondent (hospital versus CPSC contractor), size of hospital, and regional differences in wages and overhead. Therefore, the actual annual cost for any given respondent may vary between \$3,000 at a small rural hospital, and \$550,000 at the largest metropolitan hospital.

CPSC estimates the value of the time required for reporting by other respondents to be \$46.84 an hour, the average cost for employee compensation

for civilian workers (U.S. Bureau of Labor Statistics, "Employer Costs for Employee Compensation," September 2024: https://www.bls.gov/news.release/archives/ecec_12172024.pdf). At this valuation, the estimated annual cost to the public is about \$633,417 (13,523 burden hours × \$46.84 per hour = \$633,417.32).

Response to Public Comments: The Commission received four public comments. Three commenters, two anonymous and one from ASTM International Committee F15 on Consumer Products, expressed support for the renewal of information collection, with one anonymous commenter suggesting that the Commission utilize artificial intelligence (AI) to enhance information gathering and analysis. With the implementation of WebNEISS in 2024, CPSC integrated AI into the NEISS data collection to identify potential

misentries based on logical inconsistencies. CPSC staff continue to explore, test, implement, and utilize advanced AI in all phases of the NEISS data collection, processing, and dissemination.

The remaining commenter is Best Practice Quality LLC, which states it is a consulting firm. It recommended expanding the data fields to include product identifiers, usage context, and product condition to improve the quality and utility of NEISS data. It encouraged CPSC to provide prompts to hospital personnel to capture details about product involvement. It also encouraged the use of modern technologies to reduce reporting burden while providing accuracy. In addition, it encouraged collaboration with stakeholders to refine the data taxonomy and align NEISS inputs with evolving product safety standards.

¹ Through Interagency Agreements, the CPSC also has used and can use the NEISS system to collect information on injuries for the Centers for Disease Control and Prevention (CDC) (NEISS All Injury Program (NEISS-AIP)). In addition to the standard

data variables that have been collected and can be collected on all NEISS injuries, the NEISS-AIP collects additional variables on several studies for CDC (Firearm-Related Injuries, Adverse Drug Events, Assaults, and Self-Inflicted Violence) and

one study on non-crash motor vehicle-related injuries for the National Highway and Transportation Safety Administration (NHTSA).

NEISS is a voluntary program that relies on existing medical records information collected by hospital emergency departments using their existing infrastructure. Doctors, nurses, and intake personnel note what occurred that led to the injury, which often includes the mention of a consumer product, however, they rarely capture product brand names and models in their work as such information is rarely relevant to patient care. The narratives will sometimes describe whether a product was new or used, and the way the product was involved, to provide usage context. CPSC makes efforts to encourage medical staff at NEISS hospitals to include consumer product information in their records documentation, but the staff in the hospital departments ultimately decide what will go into the medical record which exists primarily for the hospital and its patients.

CPSC does not include brands or models in the data it shares publicly with ASTM due to restrictions in section 6(b) of the Consumer Product Safety Act. 15 U.S.C. 2055(b). With regard to the use of modern technologies, as mentioned above, CPSC uses AI-assisted logic in the use of its internet-enabled application to collect data.

Making changes to data taxonomy is done judiciously, as one of the functions of NEISS is to be able to detect changes over time to determine whether safety advances and interventions have been successful and to what degree. Agency staff meets regularly to discuss coding practices, including adding or altering product codes to account for changes in the products associated with injuries. Staff assigned to voluntary standards work have contributed to these deliberations, which has led to changes as needed.

Alberta E. Mills,

Secretary, Consumer Product Safety Commission.

[FR Doc. 2025–09251 Filed 5–22–25; 8:45 am]

BILLING CODE 6355–01–P

DEPARTMENT OF DEFENSE

Department of the Army

Advisory Committee on Arlington National Cemetery; Request for Nominations

AGENCY: Department of the Army, DoD.

ACTION: Notice; request for nominations.

SUMMARY: The Advisory Committee on Arlington National Cemetery is an independent Federal Advisory

Committee chartered to provide the Secretary of Defense, through the Secretary of the Army, independent advice and recommendations on Arlington National Cemetery, including, but not limited to cemetery administration, the erection of memorials at the cemetery, and master planning for the cemetery. The Secretary of the Army may act on the Committee's advice and recommendations. The Committee is comprised of no more than nine (9) members. Membership will consist of those individuals with expertise in one or more of the following disciplines: bereavement practices and administrative oversight; organizational management; veterans' services; memorial erection; and master planning for extending the life of a cemetery. The purpose of this notice is to solicit nominations from a wide range of highly qualified persons to be considered for appointment to the Committee. Nominees may be appointed as members of the Committee and its sub-committees for terms of service ranging from one to four years. This notice solicits nominations to fill Committee membership vacancies that may occur through September 30, 2026. Nominees must be preeminent authorities in their respective fields of interest or expertise.

DATES: All nominations must be received (see **ADDRESSES**) no later than July 1, 2025.

ADDRESSES: Interested persons may submit a resume for consideration by the Department of the Army to the Committee's Alternate Designated Federal Officer at the following address: Advisory Committee on Arlington National Cemetery, ATTN: Alternate Designated Federal Officer (ADFO/Mr. Davis), Arlington National Cemetery, Arlington, VA 22211; and by email at ANC-Advisory-Committee@army.mil.

FOR FURTHER INFORMATION CONTACT: Mr. Matthew R. Davis, Alternate Designated Federal Officer, by telephone (877) 907–8585 or by email at matthew.r.davis.civ@army.mil.

SUPPLEMENTARY INFORMATION: The Advisory Committee on Arlington National Cemetery was established pursuant to title 10, United States Code (U.S.C.) section 7723. The selection, service, and appointment of members of the Committee are publicized in the Committee Charter, available on the Arlington National Cemetery website <https://www.arlingtoncemetery.mil/About/Advisory-Committee-on-Arlington-National-Cemetery/Charter>. The substance of the provisions of the Charter is as follows:

a. Selection. The Committee Charter provides that the Committee shall be comprised of no more than nine members, all of whom are preeminent authorities in their respective fields of interest or expertise.

By direction of the Secretary of the Army, all resumes submitted in response to this notice will be presented to and reviewed by a panel of three senior Army leaders. Potential nominees shall be prioritized after review and consideration of their resumes for the appropriate qualifications: demonstrated technical and professional expertise; preeminence in a field(s) of interest or expertise; potential contribution to membership balance in terms of the points of view represented and the functions to be performed; potential organizational and financial conflicts of interest; commitment to our Nation's veterans and their families; and published points of view relevant to the objectives of the Committee. The panel will provide the DFO with a prioritized list of potential nominees for consideration by The Executive Director, Army National Military Cemeteries who will make an initial recommendation to the Secretary of the Army. The Secretary of the Army, in consultation with the Special Assistant to the Secretary of Defense for White House Liaison, may request that the Secretary of Veterans Affairs and the Secretary of the American Battle Monuments Commission each nominate one individual for appointment to the ACANC to be considered by the DoD Appointing Authority. The Executive Director, Army National Military Cemeteries; the Secretary of the Army; and the Secretary of Defense are not limited or bound by the recommendations of the Army senior leader panel. Sources in addition to this **Federal Register** notice may be utilized in the solicitation and selection of nominations. The Secretary of the Army, in informal consultation with the SATSD(WHL), reviews the final list of nominees to choose candidates to be nominated for appointment by the DoD Appointing Authority.

b. Service. The Secretary of Defense may approve the appointment of a Committee member for a one-to-four year term of service; however, no member, unless authorized by the Secretary of Defense, may serve on the Committee or authorized subcommittee for more than two consecutive terms of service. The Secretary of the Army shall designate the Committee Chair/Co-Chair from the total Advisory Committee membership. The Committee meets at the call of the DFO, in consultation with the Committee Chair/Co-Chair. It is