

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection method or project activity	A. Number of respondents	B. Number of responses per respondent	C. Hours per response	D. Total burden hours
1. Hospital Informed Consent Baseline and Final Assessment (Attachment C)	20	2	1	40
2a. Health care professionals Pre-/Post-Training Quiz * (Attachment D)	512	2	20/60	341
2b. Hospital Leader Pre-/Post-Training Quiz * (Attachment E)	26	2	20/60	17
3. Monthly Check-in (Attachment F)	20	6	30/60	60
4. Health Care Professional Survey * (Attachment G)	512	1	15/60	128
5a. Interview—Clinical Staff (Attachment H)	48	1	1	48
5b. Interview—Hospital Leaders (Attachment H)	24	1	1	24
6. Rapid Feedback Patient Survey * (Attachment I)	320	1	5/60	27
7. Secondary data	4	1	5	20
Total		na	na	705

* Number of respondents (Column A) reflects a sample size assuming an 80% response rate for these data collection efforts.

Exhibit 2, below, presents the estimated annualized cost burden

associated with the respondents' time to participate in this research. The total

cost burden is estimated to be about \$25,270.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection method or project activity	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
1. Hospital Informed Consent Baseline and Final Assessment (Attachment C)	20	40	\$42.78	\$1,711
2a. Health care professionals pre-/post-training quiz (Attachment D)	512	341.33	33.62	11,476
2b. Hospital leader pre-/post-training quiz (Attachment E)	26	17.33	51.95	900
3. Monthly Check-in Attachment F)	20	60	42.78	2,567
4. Health Care Professional Survey (Attachment G)	512	128	33.62	4,303
5a. Interview—Clinical Staff (Attachment H)	48	48	33.62	1,614
5b. Interview—Hospital Leaders (Attachment H)	24	24	51.95	1,247
6. Rapid Feedback Patient Survey (Attachment I)	320	26.67	22.33	596
7. Secondary data	4	20	42.78	856
Total				25,270

The average hourly wage rate of \$42.78 for the informed consent baseline, readiness assessment, and monthly check-in was calculated based on the 2013 average of the mean hourly wage rate for healthcare practitioners and medical occupations (all professions) of \$33.62 and mean hourly wage rate for medical and health services managers, \$51.95.

The average hourly rate of \$33.62 of hospital staff pre- and post-training quiz and in-depth interviews was calculated based on the 2013 average of the mean hourly wage rate for healthcare practitioners and medical occupations (all professions), \$33.62.

The average hourly rate of \$51.95 for hospital leaders pre- and post-training quiz and in-depth interview was calculated based on the 2013 mean hourly wage rate for medical and health services managers, \$51.95.

The average hourly wage rate for patients of \$22.33 was calculated on the 2013 mean hourly wage rate for all occupations. Mean hourly wage rates for these groups of occupations were

obtained from the Bureau of Labor & Statistics on "Occupational Employment and Wages, May 2013" found at the following URL: http://www.bls.gov/oes/current/oes_nat.htm#b29-0000.htm.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of

automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of Me proposed information collection. All comments will become a matter of public record.

Dated: September 18, 2014.

Richard Kronick,
Director.

[FR Doc. 2014-22698 Filed 9-26-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[Docket Number CDC-2013-0022, NIOSH 153-B]

Issuance of Final Publications

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 issuance of 10 Final Skin Notation Profile publications

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the following 10 Skin Notation Profiles:

Substance(s)

Allyl glycidyl ether: <http://www.cdc.gov/niosh/docs/2014-143/pdfs/2014-143.pdf>.

2-Diethylaminoethanol: <http://www.cdc.gov/niosh/docs/2014-140/pdfs/2014-140.pdf>.

2-Ethoxyethyl acetate: <http://www.cdc.gov/niosh/docs/2014-141/pdfs/2014-141.pdf>.

Ethyl acrylate: <http://www.cdc.gov/niosh/docs/2014-144/pdfs/2014-144.pdf>.

Isophorone diisocyanate: <http://www.cdc.gov/niosh/docs/2014-144/pdfs/2014-144.pdf>.

2-Mercaptobenzothiazole (MBT); Sodium 2-MBT; Zinc 2-MBT: <http://www.cdc.gov/niosh/docs/2014-142/pdfs/2014-142.pdf>.

Methyl isocyanate: <http://www.cdc.gov/niosh/docs/2014-145/pdfs/2014-145.pdf>.

Nitrobenzene: <http://www.cdc.gov/niosh/docs/2014-146/pdfs/2014-146.pdf>.

Phenylhydrazine: <http://www.cdc.gov/niosh/docs/2014-147/pdfs/2014-147.pdf>.

Propargyl alcohol: <http://www.cdc.gov/niosh/docs/2014-149/pdfs/2014-149.pdf>.

ADDRESSES: These documents are available at the following Web site: http://www.cdc.gov/niosh/topics/skin/skin-notation_profiles.html

FOR FURTHER INFORMATION CONTACT: Naomi Hudson, Dr.P.H.: NIOSH, 1090 Tusculum Ave., MS-C32, Cincinnati, OH 45226, Telephone: (513) 533-8540, email: iuz8@cdc.gov.

Dated: September 22, 2014.

John Howard,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee:

Time and Date: 8:30 a.m.–3:00 p.m. (EDT), October 23, 2014.

Place: CDC, Building 21, Rooms 1204 A/B, 1600 Clifton Road NE., Atlanta, Georgia 30333

Status: Open to the public, limited only by the space and phone lines available. The meeting room accommodates approximately 50 people. (Advance registration for in-person participation is required by October 16, 2014.) The public is welcome to participate during the public comment period, which is tentatively scheduled from 2:40 p.m. to 2:45 p.m. This meeting will also be available by:

Teleconference: Please dial (877) 930-8819 and enter code 1579739.

Web links: Windows Media: (Closed captioning will be available) <http://wm.onlinevideoservice.com/CDC1>

Flash: <http://www.onlinevideoservice.com/clients/CDC/?mount=CDC3>.

If you are unable to connect using the link, copy and paste the link into your Web browser. For technical support please call: (404) 639-3737.

Purpose: The committee will provide advice to the CDC Director on strategic and other broad issues facing CDC.

Matters for Discussion: The Advisory Committee to the Director will receive updates from the State, Tribal, Local and Territorial Subcommittee; the Health Disparities Subcommittee, the Global Workgroup, the Internal and External Laboratory Safety Workgroups, and the Public Health—Health Care Collaboration Workgroup, the Ebola response, as well as an update from the CDC Director. Agenda items are subject to change as priorities dictate.

For More Information Contact: Carmen Villar, MSW, Designated Federal Officer, ACD, CDC, 1600 Clifton Road, NE., M/S D-14, Atlanta, Georgia 30333. Telephone (404) 639-7158, Email: GHickman@cdc.gov. The deadline to register for in-person attendance at this meeting is October 16, 2014. To register, please send an email to GHickman@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Claudette Grant,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014-23054 Filed 9-26-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the Board of Scientific Counselors (BSC), Office of Infectious Diseases (OID)

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for possible membership on the BSC, OID. This board consists of 17 experts in fields related to infectious diseases who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). The board advises the HHS Secretary; the CDC Director; the OID Director; and the Directors of the National Center for Immunization and Respiratory Diseases (NCIRD), the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) concerning strategies, goals, and priorities for the programs and research within the national centers; and monitors the overall strategic direction and focus of OID and the national centers.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishment of the board's mission. Nominees will be selected by the HHS Secretary or designee from authorities knowledgeable in the fields of infectious diseases and related disciplines, including epidemiology, microbiology, bacteriology, virology, pathogen genomics, bioinformatics, clinical medicine, and veterinary medicine, as well as from the general public. Members may be invited to serve for terms of up to four years.

The U.S. Department of Health and Human Services policy stipulates that committee membership shall be balanced in terms of professional training and background, points of view represented, and the committee's function. In addition to a broad range of expertise, consideration is given to a broad representation of geographic areas within the U.S., with diverse