ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ response
		ID and Treatment of FASD 6-mo F/U, QUALTRICS online 6-Mo Follow-up.	258	1	8/60
		FASD ComprehensivePre, QUALTRICS online Comprehensive Pre.	220	1	15/60
		FASD Comprehensive Post, QUALTRICS online Comprehensive Post.	220	1	20/60
		FASD Comprehensive 6-mo F/U, QUALTRICS online Comprehensive 6-Mo Follow-up.	204	1	15/60
Physicians and Medical Students		Clinical Experience A	25	1	5/60
		Clinical Experience B	25	1	5/60
Training of Trainers Participants/Regional State Training Partners/Advisory Committee Members.		Key Informant Interview	16	1	15/60
		Key Informant Interview	15	1	20/60
		Key Informant Interview	10	1	15/60
Training of Trainer Participants		Harvard Minute Feedback	100	1	1/60
Staff and Training of Trainer Graduates.		Training Activity Reporting (TARF)	180	1	2/60
Academic Faculty/Health Professionals/Professionals/Health Profession Students.	Midwest RTC	Knowledge Pre	1080	1	7/60
		Knowledge Post, 3 mo F/U	1080	2	7/60
		Event Eval	1110	1	5/60
Health Professionals		Continuing Education Event, Pre	250	1	5/60
		Continuing Education Event, Post	250	1	5/60
		Continuing Education Event, 3 mo Follow-up.	250	1	5/60
		Modified Index Pre, 3 mo online F/U	75	2	10/60
Academic Faculty		Utilization of FAS/FASD Curriculum Pre, 3 mo online F/U.	50	2	5/60
Medical and allied health students and residents.	Southeast RTC	FASD Pre	500	1	10/60
		FASD Post	500	1	15/60
		FASD 3 Mo Follow-up	300	1	10/60

Dated: September 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–23048 Filed 9–21–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12SG]

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 and send comments to Kimberly S. Lane, CDC Reports Clearance Officer, 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

Human Systems Integration Design Guidelines (MinerFirst) for Improved Mine Worker Safety—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–173 as amended by Public Law 95–164 (Federal Mine Safety and Health Act of 1977), and Public Law 109–236 (Mine Improvement and New Emergency Response Act of 2006) has the responsibility to conduct research to improve working conditions and to prevent accidents and occupational diseases in underground coal and metal/nonmetal mines in the U.S.

Mining remains one of the most dangerous occupations in the United States. Despite continued efforts in

research and regulation, tragedies like Upper Big Branch (2010) and Sago (2006) highlight the need for additional work that focuses on the human component also known as human systems integration (HSI). HSI incorporates the needs of any human interaction within the system into the design process to optimize both safety and efficiency of the system. The use of HSI in the acquisition cycle is commonplace in other industries (e.g., the defense and aerospace industries). As an example, the Army has developed guidelines, called MANPRINT, which require all devices to meet standards for usability, wearability, and acceptability. The mining industry currently lacks a similar set of guidelines to ensure both usability by the miner and increased safety of the working environment.

With the adoption of the MINER Act of 2006 as well as health and safety initiatives (End Black Lung Campaign), the mining industry has begun to mandate the increased use of safety devices by mineworkers (wireless communication systems, personal dust monitor, and proximity detection). These devices offer attractive health and safety benefits—improved tracking and communication, real time monitoring of respirable dust levels, and the prevention of accidental crushing by large mobile machinery. However, while the benefits of such wearable devices are easy to understand within their own context, they inevitably increase both the physical and cognitive burden placed on the mine worker who must carry, interact with, and ultimately make decisions with each one of the devices. The physical burden is evident, but the cognitive effect may not be as clear.

Currently, it is unknown how the increased physical and cognitive load that is being placed on today's mine workers will affect their health and safety. A first step to determining this impact is to understand a miner's job from the perspective of the miner. This research project will use an HSI approach to answer a series of questions because HSI is based on the understanding that people are the critical elements within systems and adopting a human-centric perspective of systems increases productivity and safety, while decreasing costs (Tvaryanas, 2006). The goal of this project is to determine: (1) What information is critical for a miner to safely perform his job, (2) what processes (e.g., expertise, decision making, attention, etc.) are necessary for a miner to effectively perform his job, and (3) how do the miner and the machine interact.

This is a multiphase research project. There will be three phases of data collection. Several data collection tools and research methods will be used in each phase of data collection.

In phase I, NIOSH researchers will observe between 10 and 20 underground coal miners while the miners are performing their jobs. The goal of this research method is to observe the tasks and subtasks that occur while specific jobs within the mine are performed to determine which tasks and subtasks are the most challenging for the miner. Researchers will keep observation notes, and if possible, ask miners questions while they are working. As the second part of phase I, an additional 10–20 underground miners will be asked to take part in a task/cognitive task analysis. During this task, miners will be asked to sequentially describe the steps taken to perform their job. This task will not be completed while the miner is performing his job, but will be described from memory. The underground miners who participate in the direct observation task and task/cognitive task analyses will all be considered experts at their positions, and the positions they work will be those that either rely on the use of energized equipment (e.g., Continuous Miner Operator) or are currently responsible for atmospheric and environmental monitoring (e.g., Fire Boss). Each direct observation session will take no longer than 4 hours, and each task/cognitive task analysis will take approximately two hours to complete.

In phase II of this research, a 30 minute research questionnaire will be administered to no more than 150 underground coal miners. The research questionnaire is designed to assess situational awareness or more specifically what information miners believe is necessary for them to understand and interact with their surroundings and to safely complete their jobs. The research questionnaire will also be used to determine what information miners currently have available to them, how information is delivered to them, in what format they would like to receive information, and the benefit they see in having information. An additional 30 underground miners will take part in focus groups. Questions similar to those included on the research questionnaire will be asked during the focus groups. The goal of using this research method is to collect more in depth information about the topic from a smaller number of participants. In addition, a Fatigue Risk Management Systems Assessment Tool will be administered to no more than 50 mine personnel familiar with the mines concerns regarding fatigue as well as the fatigue risk management program that may be in use. The results of phase I and phase II will be used to formulate a portion of the initial draft of mining specific Human Systems Integration (HSI) guidelines.

In phase III the experimental research strategy will be used to test usability, changes in cognitive workload, and situational awareness. A series of experiments will be conducted to evaluate how the mine specific HSI guidelines impact the aforementioned constructs. Specific hypotheses will be formulated after phases one and two have been completed. Both underground coal miners and NIOSH employees will be invited to participate in these experiments, which will take place at the NIOSH Bruceton, PA research facility. It is anticipated that each experimental session will last approximately one hour.

The information collected from miners and NIOSH employees to answer these key questions will facilitate the development of mining specific HSI guidelines which are necessary for the planning, development and testing of products to be used by miners. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Phase I Miners	Task/Cognitive Task Analyses	20	1	2	40
Phase I Miners	Direct Observation	20	1	4	80
Phase II Miners	Research Questionnaire	150	1	30/60	75

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Phase II Mine Safety Personnel	Fatigue Risk Management Systems Assessment Tool.	50	1	1	50
Phase II Miners	Focus Groups	30	1	1	30
Phase III Miners	Experimental Research Studies	20	1	1	20
Total					295

Dated: September 14, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–23191 Filed 9–21–12; 8:45 am]

BILLING CODE 4163–18–P

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 CDC announces the following meeting of the aforementioned committee:

Time and Date: 2 p.m.–4 p.m. (EDT), Thursday, October 25, 2012.

Place: Teleconference.

Status: Open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment period. The public comment period is tentatively scheduled for 3:50 p.m.–3:55 p.m. To participate in the teleconference, please dial (877) 930–8819 and enter code 1579739.

Purpose: The committee will provide advice to the CDC Director on policy and broad strategies that will enable CDC to fulfill its mission of protecting health through health promotion, prevention, and preparedness.

Matters To Be Discussed: Agenda items will include the following updates from the Global Workgroup; updates from the State, Tribal, Local and Territorial Workgroup; and Ethics Subcommittee, as well as an update from the CDC Director.

The agenda is subject to change as priorities dictate.

Contact Person for More Information: Carmen Villar, MSW, Designated Federal Officer, ACD, CDC, 1600 Clifton Road NE., M/S D–14, Atlanta, Georgia 30333, telephone (404) 639–7000, email: *GHickman@cdc.gov*. The deadline for notification of attendance is October 19, 2012. To register for this meeting, please send an email to *ACDirector@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.

Dated: September 14, 2012.

Elaine L. Baker,

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

[FR Doc. 2012–23455 Filed 9–21–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Injury Prevention and Control (BSC, NCIPC)

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 board:

Times and Dates

8:30 a.m.–4:30 p.m., October 18, 2012.

8:30 a.m.–2 p.m., October 19, 2012.

Place: Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Building 106, Atlanta, Georgia 30341.

Status: Open to the public, limited only by the space available.

Purpose: The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments and (2) conduct and assist in research and control activities related to injury.

Matters To Be Discussed: The BSC, NCIPC will discuss the strategies and activities needed to guide the Center's research and program focus. Topics to be discussed include the Director's Update on the budget appropriation, reorganization and partnerships; Science Update; health communication; global activities; Research to Practice Agenda; and increasing programmatic input to the BSC. There will be 15 minutes allotted for public comments at the end of the open session.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway, NE., Mailstop F–63, Atlanta, Georgia 30341, Telephone (770) 488–1430.

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.

Dated: September 17, 2012.

Elaine L. Baker,

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

[FR Doc. 2012–23452 Filed 9–21–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–846–849, 10125 and 10126]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The