

FEDERAL MARITIME COMMISSION**[DOCKET NO. 24–27]****Notice of Filing of Complaint and Assignment; INTERNATIONAL LUMBER IMPORTS, INC., Complainant v. CEVA FREIGHT, LLC; ZIM INTEGRATED SHIPPING SERVICE LTD.; AND ZIM AMERICAN INTEGRATED SHIPPING SERVICES COMPANY CO. LLC, Respondents**

Served: August 23, 2024.

Notice is given that a complaint has been filed with the Federal Maritime Commission (the “Commission”) by International Lumber Imports, Inc. (the “Complainant”) against CEVA Freight, LLC; ZIM Integrated Shipping Service Ltd.; and ZIM American Integrated Shipping Services Company Co. LLC. Complainant states that the Commission has subject matter jurisdiction over the complaint pursuant to the Shipping Act of 1984, as amended, 46 U.S.C. 40101 *et seq.*, personal jurisdiction over ZIM Integrated Shipping Service Ltd. and ZIM American Integrated Shipping Services Company Co. LLC (“Respondent ZIM”) as a common carrier and a vessel-operating ocean common carrier, as these terms are defined in 46 U.S.C. 40102, and personal jurisdiction over CEVA Freight, LLC when acting as a regulated entity by attempting to pass through detention charges subject to the complaint.

Complainant is a corporation organized and existing under the laws of the State of Florida with its principal place of business in Sarasota, Florida.

Complainant identifies Respondent CEVA Freight, LLC as having an address in Miami, Florida and as acting as a delivery agent for Pyramid Lines Ltd., d/b/a Pyramid Lines, and as consignee on Respondent ZIM bills of lading for the shipments that are subject to the complaint.

Complainant identifies Respondent ZIM Integrated Shipping Service Ltd. as a global ocean carrier with a corporate address in Haifa, Israel, and as conducting business in the United States through ZIM American Integrated Shipping Services Company Co. LLC, with its principal corporate office in Norfolk, Virginia.

Complainant alleges that Respondent ZIM violated 46 U.S.C. 41102(c) and 46 CFR 545.5. Complainant alleges these violations arose from the assessment of detention charges during the period in which the containers were subject to a government hold, the assessment of demurrage charges that serve no incentivizing principle and do not

promote freight fluidity, and a refusal to extend free time or waive or reduce demurrage charges for containers that were unavailable for pickup.

Complainant alleges that Respondent CEVA Freight, LLC is interwound with the violations of Respondent ZIM and is a necessary and indispensable party.

An answer to the complaint must be filed with the Commission within 25 days after the date of service.

The full text of the complaint can be found in the Commission’s electronic Reading Room at <https://www2.fmc.gov/readingroom/proceeding/24-27/>. This proceeding has been assigned to the Office of Administrative Law Judges. The initial decision of the presiding judge shall be issued by August 25, 2025, and the final decision of the Commission shall be issued by March 11, 2026.

David Eng,
Secretary.

[FR Doc. 2024–19672 Filed 8–30–24; 8:45 am]

BILLING CODE 6730–02–P**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[60Day-24–0020; Docket No. CDC–2024–0060]****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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Coal Workers’ Health Surveillance Program (CWHSP). The CWHSP is a congressionally-mandated medical examination program for monitoring the health of coal miners and was originally established under the Federal Coal Mine Health and Safety Act of 1969 with all subsequent amendments (the Act).

DATES: CDC must receive written comments on or before November 4, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0060 by either of the following methods:

- **Federal eRulemaking Portal:** www.regulations.gov. Follow the instructions for submitting comments.
- **Mail:** Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to www.regulations.gov.

Please note: Submit all comments through the Federal eRulemaking portal (www.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 Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who

are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses; and

- 5. Assess information collection costs.

Proposed Project

Coal Workers' Health Surveillance Program (CWHSP) (OMB Control No. 0920-0020, Exp. 03/31/2025)—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Coal Workers' Health Surveillance Program (CWHSP) is a congressionally-mandated medical examination program for monitoring the health of coal miners and was originally established under the Federal Coal Mine Health and Safety Act of 1969 with all subsequent amendments (the Act). The Act provides the regulatory authority for the administration of the CWHSP. This Program, which operates in accordance with 42 CFR part 37, is useful in providing information for protecting the health of and in documenting trends and patterns in the prevalence of coal workers' pneumoconiosis ('black lung' disease) among U.S. coal miners. CDC requests an Extension for this data collection initiative. There are no changes requested at this time.

The total estimated annualized burden hours of 4,070 is based upon participation rates from the past five years (FY19–FY24) using the following data collection instruments:

- Coal Mine Operator Plan (2.10) and Coal Contractor Plan (2.18)—Under 42 CFR part 37, every coal operator and coal contractor in the U.S. must submit a plan approximately every four years, providing information on how they plan to notify their miners of the opportunity to obtain the medical examination. Completion of this form with all requested information (including a roster of current employees) takes approximately 30 minutes.
- Radiographic Facility Certification Document (2.11)—X-ray facilities seeking NIOSH approval to provide miner radiographs under the CWHSP must complete an approval packet including this form which requires approximately 30 minutes for completion.
- Miner Identification Document (2.9)—Miners who elect to participate in the CWHSP must fill out this document which requires approximately 20 minutes. This document records

demographic and occupational history, as well as information required under the regulations in relation to the examinations.

- Chest Radiograph Classification Form (2.8)—NIOSH utilizes a radiographic classification system developed by the International Labour Office (ILO) in the determination of pneumoconiosis among coal miners. Physicians (B Readers) fill out this form regarding their interpretations of the radiographs (each image has at least two separate interpretations, and approximately 7% of the images require additional interpretations). Based on prior practice it takes the physician approximately three minutes per form. Additionally, NIOSH approved radiograph facilities, per 42 CFR part 37, use the form to report the findings of the initial clinical read (required) for each radiograph. It takes the qualified and licensed physician approximately three minutes per form.

- Physician Application for Certification (2.12)—Physicians taking the B Reader examination are asked to complete this registration form which provides demographic information as well as information regarding their medical practices. It typically takes the physician about 10 minutes to complete this form.

- Spirometry Facility Certification Document (2.14)—This form is analogous to the Radiographic Facility Certification Document (2.11) and records the spirometry facility equipment/staffing information. Spirometry facilities seeking NIOSH approval to provide miner spirometry testing under the CWHSP must complete an approval packet which includes this form. It is estimated that it will take approximately 30 minutes for this form to be completed at the facility.

- Respiratory Assessment Form (2.13)—This form is designed to assess respiratory symptoms and certain medical conditions and risk factors. It is estimated that it will take approximately five minutes for this form to be administered to the miner by an employee at the facility.

- Spirometry Results Notification Form (2.15)—This form is used to: (1) collect information that will allow NIOSH to identify the miner in order to provide notification of the spirometry test results; (2) assure that the test can be done safely; (3) record certain factors that can affect test results; provide documentation that the required components of the spirometry examination have been transmitted to NIOSH for processing; and (4) conduct quality assurance audits and

interpretation of results. It is estimated that it will take the facility approximately 20 minutes to complete this form.

- Pathologist Invoice—Under the NCWAS, the invoice submitted by the pathologist must contain a statement that the pathologist is not receiving any other compensation for the autopsy. Each participating pathologist may use their individual invoice as long as this statement is added. It is estimated that only five minutes are required for the pathologist to add this statement to the standard invoice that they routinely use.

- Pathologist Report—Under the NCWAS the pathologist must submit information found at autopsy, slides, blocks of tissue, and a final diagnosis indicating presence or absence of pneumoconiosis. The format of the autopsy reports is variable depending on the pathologist conducting the autopsy. Since an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request for a clinical abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only five minutes of additional burden is estimated for the pathologist's report.

- Consent, Release and History Form (2.6)—This form documents written authorization from the next-of-kin to perform an autopsy on the deceased miner. A minimum of essential information is collected regarding the deceased miner including an occupational history and a smoking history. From past experience, it is estimated that 15 minutes is required for the next-of-kin to complete this form.

- Authorization for Payment of Autopsy Form (2.19)—42 CFR part 37.204 outlines a need for a physician pathologist to obtain written authorization from NIOSH and agreement regarding payment amount for services specified in § 37.202(a) by completing the Authorization for Payment of Autopsy form and submitting it to the CWHSP for authorization prior to completing an autopsy on a coal miner. It will be completed by the pathologist who intends on conducting an autopsy and the form will collect: demographic information on the deceased miner, characteristics of the miner's pneumoconiosis (if known by the pathologist), demographic and medical licensure information from the requesting pathologist, and proposed payment amount to complete the autopsy in accordance with § 37.203. It is estimated that 15 minutes is required for the pathologist to complete this form.

• Request for Medical Records Form—Miners wishing to receive copies of their CWHSP chest x-rays and related files must fully complete, sign, and

email this form to cwhsp@cdc.gov. The form can also be mailed or faxed using the address and fax listed on the form. It is estimated that five minutes is

required for the coal miner to complete this form.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
Coal mine operator	2.10	268	1	30/60	134
Coal Mine Contractor	2.18	165	1	30/60	83
Radiograph Facility Supervisor	2.11	20	1	30/60	10
Coal Miner	2.9	4,345	1	20/60	1,448
Coal Miner—Radiograph	No form required	4,788	1	15/60	1,197
B Reader Physician	2.8	10	899	3/60	450
Qualified and Licensed Physician (NIOSH Approved Radiograph Facility)	2.8	4,788	1	3/60	240
Physicians taking the B Reader Examination	2.12	110	1	10/60	18
Spirometry Facility Supervisor	2.14	15	1	30/60	8
Spirometry Facility Employee	2.13	619	1	5/60	52
Spirometry Technician	2.15	619	1	20/60	206
Coal Miner—Spirometry	No form required	619	1	15/60	155
Request for Medical Records	Request for Medical Records Form ...	779	1	5/60	65
Pathologist	2.19	4	1	15/60	1
Pathologist	Invoice—No standard form	4	1	5/60	1
Pathologist	Pathology Report—No standard form	4	1	5/60	1
Next-of-kin for deceased miner	2.6	4	1	15/60	1
Total	4,070

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2024–19614 Filed 8–30–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–23IE]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Social and Economic Barriers to Receiving Optimal Services Along the Cancer Care Continuum” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on September 26, 2023 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice

serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570.

Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Social and Economic Barriers to Receiving Optimal Services Along the Cancer Care Continuum—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to: (1) examine and better understand social and economic barriers faced by colorectal, breast, and cervical cancer survivors and their caregivers at each stage of the Cancer Care Continuum (CCC); and (2) quantify the impact of