''Notice–2015–QVO–01, Federal Procurement Data System Product and Service Codes Manual Update,'' on your attached document.

• *Mail:* General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers.

Instructions: Please submit comments only and cite Notice–2015–QVO–01, Federal Procurement Data System Product and Service Codes Manual Update, in all correspondence related to this notice. All comments received will be posted without change to *http://www.regulations.gov*, including any personal and/or business confidential information provided.

FOR FURTHER INFORMATION CONTACT: Ms. Pat Brooks at *pat.brooks@gsa.gov* or 703–605–3406.

SUPPLEMENTARY INFORMATION: The Product and Service Codes (PSC) Manual provides codes to describe products, services, and research and development purchased by the government. The codes are one of the data elements reported in the Federal Procurement Data System (FPDS). The GSA, which maintains the PSC Manual, is in the process of updating the manual. The update includes the addition, deletion or revisions of codes.

The list of PSC code revisions is titled ''Notice–2015–QVO–01; Docket No. 2015–0002; Sequence 12, Federal Procurement Data System Product and Service Codes Manual'' and is viewable and searchable on *regulation.gov.* The current manual titled ''Federal Procurement Data System Product and Service Codes Manual, August 2011 Edition'' is also posted on *regulation.gov.* A thirty (30) day comment period is available.

Dated: May 19, 2015.

Karen Kopf,

Acting Assistant Commissioner, Integrated Award Environment, Federal Acquisition Service.

[FR Doc. 2015–12891 Filed 5–27–15; 8:45 am]

BILLING CODE 6820–89–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–14APJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Using Rapid Assessment Methods to Understand Issues in HIV Prevention, Care and Treatment in the United States—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention requests approval for a 3-year clearance to collect data using rapid qualitative inquiries to understand issues related to HIV prevention, care, and treatment in the United States. Rapid inquiries are concentrated data collection and iterative data analytic efforts focused on timely and relevant responses to urgent issues and research questions. Although we will collect the majority of data using qualitative methods, many studies covered under this generic information collection, will involve a mixed methods approach for data collection.

The rapid inquiries will include multiple well-established qualitative methodologies, which may include but not be limited to in-depth individual interviews, focus groups, direct observations, case studies, document reviews, or brief quantitative surveys assessing demographics, behaviors, attitudes, intentions, beliefs, or other attributes of the respondents. In some assessments, additional contextual information may be collected, such as information about the respondents' community, workplaces, or organizations and places where they interact. CDC expects to collect qualitative data from approximately 1,800 respondents, assuming three research studies per year with each research study collecting data from 200 respondents.

For all proposed studies under this generic information collection, our efforts are expected to provide insight regarding a wide array of HIV-related programs designed for various populations throughout the United States, including but not limited to: Persons living with HIV/AIDS (PLWH); persons at elevated risk for acquiring new HIV infection or transmitting existing HIV infection to others; clinicians or other HIV care providers; men who have sex with men (MSM); transgender persons; injection and noninjection drug users; incarcerated populations or ex-prisoners; commercial sex workers; male and female heterosexual groups at high risk for HIV infection; and other providers and organizations (*e.g.,* health departments, community-based organizations, public and private health clinics, advocacy groups, community groups, or other governmental and nongovernmental organizations) serving or otherwise interacting with persons at greatest need for HIV prevention, care, and treatment.

Recruitment procedures will vary slightly based on the target population and research design of each information collection submitted under this generic information collection. Partner organizations such as public and private health clinics and community-based organizations that serve the target populations in the respective geographic locations may be contacted for their assistance in recruitment of potential respondents. Respondents may be identified and selected as key informants and invited to participate by contractor staff members.

Sampling recruitment methods may include, but not be limited to: Use of social networking sites, the Internet, print marketing materials, and other methods to find and enroll respondents into the research study.

All data collection tools will be pretested and interviews conducted by trained personnel. The data collection will take place at a time and place that is convenient to the respondent. Locations will be private. Data collection may be audio-recorded and transcribed with the consent of the respondent.

The data collections supported under this generic information collection will be used to provide insight regarding barriers and facilitators to HIV prevention, care, and treatment in the United States and territories, and thus suggest ways CDC might improve programmatic activities along the continuum of HIV prevention, treatment and care.

The total estimated annualized burden hours are 918. 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 hours)
General Public—Adults	Study Screener	1,600	1	5/60
General Public—Adults	Contact Information Form	600	1	1/60
General Public—Adults	Consent Form	600	1	5/60
General Public—Adults	Demographic Survey	500	1	15/60
General Public—Adults	Interview Guide	500	1	1
General Public—Adults	Provider Demographic Survey	100	1	15/60
General Public—Adults	Provider Interview Guide	100	1	45/60

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. 2015–12808 Filed 5–27–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2015–0034; NIOSH 233–A]

NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings: Proposed Additions to the NIOSH Hazardous Drug List 2016; Request for Comment

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 draft document available for public comment.

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 draft document for public comment entitled ''NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings: Proposed Additions to the NIOSH Hazardous Drug List 2016.'' The document and instructions for submitting comments can be found at *www.regulations.gov.*

This guidance document does not have the force and effect of law.

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DATES: Electronic or written comments must be received by July 27, 2015.

ADDRESSES: You may submit comments, identified by CDC–2015–0034 and Docket Number NIOSH 233–A, by either of the two following methods:

• *Federal eRulemaking Portal: www.regulations.gov* Follow the instructions for submitting comments.

• *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226.

Instructions: All information received in response to this notice must include the agency name and the docket number (CDC–2015–0034; NIOSH 233–A). All relevant comments received will be posted without change to *www.regulations.gov,* including any personal information provided. All electronic comments should be formatted as Microsoft Word. Please make reference to CDC–2015–0034 and Docket Number NIOSH 233–A. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226.

FOR FURTHER INFORMATION CONTACT: Barbara MacKenzie, NIOSH, Division of Applied Research and Technology, Robert A. Taft Laboratories, 1090 Tusculum Avenue, MS C–26, Cincinnati, Ohio 45226. (513) 533–8132 (not a toll free number). Email: *hazardousdrugs@cdc.gov.*

SUPPLEMENTARY INFORMATION: The NIOSH Alert: ''Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings'' was published in September 2004 (*http://www.cdc.gov/niosh/docs/2004-165/*). This Alert contained Appendix A which was a list of drugs that were deemed to be hazardous and may require special handling. This list of hazardous drugs was updated in 2010, 2012 and 2014 and covered all new approved drugs and drugs with new warnings up to December 2011 (*http://www.cdc.gov/niosh/docs/2014-138*). Between January 2012 and December 2013, 60 new drugs received FDA approval and 270 drugs received new warnings based on reported adverse effects in patients. From this list of 330 drugs, 44 drugs were identified by NIOSH as potential hazardous drugs. In addition to these 44 drugs, the panel members were asked to comment on the addition of one drug requested by several stakeholders. Three additional drugs had safe handling recommendations from the manufacturer and NIOSH is following these recommendations. Therefore, these 3 drugs will be listed as hazardous without requiring further review. A panel consisting of peer reviewers and stakeholders was asked to review and comment on the 45 potentially hazardous drugs. Reviewers were not asked to provide a consensus opinion