

Questions” includes a brief interview with program staff. The questionnaire and interview will take approximately 40 minutes to complete for workers using the tablet, or 50 minutes for those using the hardcopy version. Workers who drive a company vehicle will also

be asked to complete “Module 4: Motor Vehicle.” An estimated 75% of the workers will complete the driving portion of the survey (187 workers). This module will take approximately 10 additional minutes to complete for those using the tablet (approximately 168

workers per year), or 20 minutes for those completing the hardcopy version (19 workers per year).

The total estimated burden hours are 236. 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	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Presumed O&G Extraction Workers	Module 1: Screening	313	1	5/60	26
O&G Extraction Workers	Non Respondent Questionnaire	63	1	5/60	5
O&G Extraction Workers	Tablet Version	225	1	40/60	150
O&G Extraction Workers	Modules 2: General Module 3: Well Site Work, and Module 5: Closing Questions. Hardcopy	25	1	50/60	21
O&G Extraction Workers who drive at work.	Tablet Version	168	1	10/60	28
O&G Extraction Workers who drive at work.	Module 4: Motor Vehicle	19	1	20/60	6
Total	236

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-0978]

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

Emerging Infections Program—
Revision—(OMB Control No. 0920-

0978, Expires 8/31/2016), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Emerging Infections Programs (EIPs) are population-based centers of excellence established through a network of state health departments collaborating with academic institutions; local health departments; public health and clinical laboratories; infection control professionals; and healthcare providers. EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. Various parts of the EIP have received separate Office of Management and Budget (OMB) clearances (Active Bacterial Core Surveillance [ABCs]—OMB Control Number 0920-0802 and All Age Influenza Hospitalization Surveillance—OMB Control Number 0920-0852).

In this revision package we wish to seek OMB clearance to add Healthcare Associated Infections—Community Interface (HAIC); active population-based surveillance for healthcare associated pathogens and infections (including *Clostridium difficile* infection). There are no other changes included in this revision request; therefore, no changes are being made to

the ABC, FoodNet, and Influenza portions of the EIP.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies.

Activities of the EIPs are designed to: (1) Address issues that the EIP network

is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease. Proposed respondents will include state health departments who may collaborate with one or more of the

following: academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. Frequency of reporting will be determined as cases arise.

The addition of HAIC to the EIP increases the total estimated burden by 10,300 hours to 22, 755 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60
	Invasive Methicillin-resistant <i>Staphylococcus aureus</i> ABCs Case Report Form.	10	609	20/60
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60
	ABCs Non-Bacteremic Pneumococcal Disease Case Report Form.	10	100	10/60
	Neonatal Infection Expanded Tracking Form	10	37	20/60
	ABCs Legionellosis Case Report Form	10	100	20/60
	Campylobacter	10	637	20/60
	Cryptosporidium	10	130	10/60
	Cyclospora	10	3	10/60
	Listeria monocytogenes	10	13	20/60
	Salmonella	10	827	20/60
	Shiga toxin producing E. coli	10	90	20/60
	Shigella	10	178	10/60
	Vibrio	10	20	10/60
	Yersinia	10	16	10/60
	Hemolytic Uremic Syndrome	10	10	1
	Influenza Hospitalization Surveillance Project Case Report Form.	10	400	15/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey.	10	100	5/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey Consent Form.	10	100	5/60
	EIP site	CDI Case Report Form	10	1650
CDI Treatment Form		10	1650	10/60
Resistant Gram-Negative Bacilli Case Report Form		10	500	20/60
Screening Form		600	1	5/60
Person in the community infected with <i>C. difficile</i> (CDI Cases).	Telephone interview	500	1	40/60
Total				

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 Director, Centers for Disease Control and
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-0949; Docket No. CDC-2015-0053]

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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the proposed extension of the information collection entitled *Evaluating the Effectiveness of Occupational Safety and Health Program Elements in the Wholesale Retail Trade Sector*. The National