

welcome-to-the-pacific-rim-region-9/land-ports-of-entry/otay-mesa-land-port-of-entry. Questions or comments concerning the DEIS should be directed to: Osmahn Kadri, NEPA Project Manager, 50 United Nations Plaza, 3345, Mailbox #9, San Francisco, CA, 94102, or via email to osmahn.kadri@gsa.gov.

FOR FURTHER INFORMATION CONTACT:

Osmahn A. Kadri, NEPA Project Manager, GSA, at 415-522-3617. Please also call this number if special assistance is needed to attend and participate in the public meeting.

SUPPLEMENTARY INFORMATION:

Background

The Otay Mesa LPOE is located approximately 17 miles southeast of downtown San Diego, just north of the U.S. border and the Baja California Peninsula of Mexico. When it was constructed in 1983, its primary purpose was to divert growing commercial truck traffic from the increasingly busy San Ysidro LPOE to the west, at the southern terminus of Interstate 5. The Otay Mesa LPOE processes commercial and privately-owned vehicle and pedestrian traffic. Since the LPOE opened, vehicle and pedestrian traffic and the population and general development in the area have grown. It is now one of the ten busiest land ports in the country and is the busiest commercial port on the California-Mexico border, processing the second highest volume of trucks, and third highest dollar volume of trade among all U.S.-Mexico LPOEs. Ever-increasing traffic loads and new security initiatives require increased capacity and new inspection technology to be installed and implemented at existing facilities.

The Project's purpose is to improve the efficiency, effectiveness, security and safety at the existing Otay Mesa LPOE. The Project's need, or the need to which the GSA is responding, is to increase the LPOE's capacity due to increased demand, and to address public and employee safety and border security concerns.

The DEIS considers two "action" alternatives and one "no action" alternative. The Preferred Alternative would include the development of an approximately 10-acre GSA-owned plot of land to the immediate east of the existing commercial import lot. The new lot would be used to construct commercial inspection buildings and additional commercial import lanes. It would also include improvements to existing pedestrian lanes and personal vehicle inspection lanes; relocation of personnel currently housed in the

Pedestrian, Commercial Import and Commercial Export buildings; renovation of existing facilities throughout the Otay Mesa LPOE; and demolition of facilities that would no longer be needed would also occur. New construction would include commercial import and exit booths, six additional pedestrian lanes in the Pedestrian Building, a Commercial Annex Building (CAB), a return-to-Mexico lane for commercial traffic, a pedestrian ramp and parking areas for the new commercial lot. Building renovations would include the installation of energy conservation measures and water conservation measures across the Otay Mesa LPOE, the correction of deficiencies throughout existing facilities (*e.g.*, updating security systems, updating HVAC systems, improving lighting and repaving old asphalt surfaces), and refurbishing the interiors of the pedestrian, commercial import and commercial export buildings including repainting and replacing flooring.

The Reduced Build Alternative would include many of the same activities as under the Preferred Alternative; however, the overall activity level would be lower. Notably, no new construction would occur on the 10-acre GSA-owned plot of land, and the Commercial Annex Building would not be constructed; instead, the plot of land would be paved and used as additional space for the commercial vehicle inspection booths which would be reconfigured to increase traffic flow. Renovation of existing facilities would still occur, but activities would be limited to updating security and HVAC systems and repainting interiors.

The No Action alternative assumes that modernization and expansion of the existing LPOE would not occur and that a new facility would not be constructed adjacent to the existing LPOE. The LPOE would continue to operate under current conditions.

Public Meeting

The meeting will be conducted in an open house format, where project information will be presented and distributed. Comments must be received by August 31, 2018, and emailed to osmahn.kadri@gsa.gov or sent to the address listed above.

Dated: August 2, 2018.

Matthew Jear,

Director, Portfolio Management Division, Pacific Rim Region, Public Buildings Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-18-1112; Docket No. CDC-2018-0072]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled FoodNet Population Survey. The FoodNet Population Survey is conducted in 10 states and collects data on the prevalence of acute gastrointestinal illness in the United States and exposures associated with foodborne illness.

DATES: CDC must receive written comments on or before October 9, 2018.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2018-0072 by any of the following methods:

- *Federal eRulemaking Portal:* 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-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to Regulations.gov. *Please note:* Submit all comments through the Federal eRulemaking portal (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-D74, Atlanta, Georgia 30329; phone: 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; and
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.
5. Assess information collection costs.

Proposed Project

FoodNet Population Survey—Extension ICR—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Foodborne illnesses represent a significant public health burden in the United States. It is estimated that each year, 48 million Americans (1 in 6) become ill, 128,000 are hospitalized, and 3,000 die as the result of a foodborne illness. Since 1996, the Foodborne Diseases Active Surveillance Network (FoodNet) has conducted active population-based surveillance for *Campylobacter*, *Cryptosporidium*, *Cyclospora*, *Listeria*, *Salmonella*, Shiga toxin-producing *Escherichia coli* O157 and non-O157, *Shigella*, *Vibrio*, and *Yersinia* infections. Data from FoodNet serves as the nation’s “report card” on food safety by monitoring progress toward CDC Healthy People 2020 objectives.

Since the previous OMB approval, pilot testing has been completed and data collection began in all states. As of July 10, 2018 a total of 11,657 surveys have been completed between all survey modes including landline, cell phone, web, and mail. CDC is seeking two years of OMB clearance for an extension of control number 0920–1112.

Evaluation of efforts to control foodborne illnesses can only be done

effectively if there is an accurate estimate of the total number of illnesses that occur, and if these estimates are recalculated and monitored over time. Estimates of the total burden start with accurate and reliable estimates of the number of acute gastrointestinal illness episodes that occur in the general community. To more precisely estimate this and to describe the frequency of important exposures associated with illness, FoodNet created the Population Survey.

The FoodNet Population Survey is a survey of persons residing in the surveillance area. Data are collected on the prevalence and severity of acute gastrointestinal illness in the general population, describe common symptoms associated with diarrhea, and determine the proportion of persons with diarrhea who seek medical care. The survey also collects data on exposures (*e.g.* food, water, animal contact) commonly associated with foodborne illness. Information about food exposures in the general public has proved invaluable during outbreak investigations. The ability to compare exposures reported by outbreak cases to the ‘background’ exposure in the general population allows investigators to more quickly pinpoint a source and enact control measures.

CDC seeks approval for an OMB extension to continue this important work. The total estimated Burden Hours for this collection is 6,067 annually. There is no cost to the 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 (in hours)	Total burden (in hours)
U.S. General Population	Population Survey	18,200	1	20/60	6,067
Total	6,067

Jeffrey M. Zirger,
Acting 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–18–0234; Docket No. CDC–2018–0073]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled the National Ambulatory Medical