

Facility: Vitro Manufacturing.
Location: Canonsburg, Pennsylvania.
Job Titles and/or Job Duties: All employees who worked in any area.
Period of Employment: January 1, 1958 through April 30, 1960.

FOR FURTHER INFORMATION CONTACT:

Stuart L. Hinnefeld, Interim Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by e-mail to DCAS@CDC.GOV.

John Howard,

Director, National Institute for Occupational Safety and Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-10-0527]

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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail 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 Exposure to Cyanobacterial Toxins in Water (OMB No. 0920-0527 exp. 2/28/2011)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cyanobacteria (also called blue-green algae) can be found in terrestrial, fresh, brackish, or marine water environments. Some species of cyanobacteria produce toxins that may cause acute or chronic illnesses (including neurotoxicity, hepatotoxicity, and skin irritation) in humans and animals (including other mammals, fish, and birds). A number of human health effects, including gastroenteritis, respiratory effects, skin irritations, allergic responses, and liver damage, are associated with the ingestion of or contact with water containing cyanobacterial blooms. Although the balance of evidence, in conjunction with data from laboratory animal research, suggests that cyanobacterial toxins are responsible for a range of human health effects, there have been few epidemiologic studies of this association.

In the first study of recreational microcystin (MC) exposure at a small lake, 104 study participants from lake visitors planning recreational activities that would generate aerosols were recruited, such as boating and using personal watercraft. During data collection for that study, MC concentrations within the bloom lake water were very low (<2–5 µg/L). Study participants' plasma MC concentrations were all below the limit of detection (0.147 µg/L) for the enzyme-linked immunosorbent assay (ELISA). The second study of recreational exposure to microcystins involved 81 children and adults planning recreational activities on one of three California reservoirs, two with significant, ongoing blooms of toxin-producing cyanobacteria, including *Microcystis aeruginosa* (bloom lakes) and one without a toxin-producing algal bloom (control lake). Highly variable microcystin concentrations were found in bloom

lakes (<10 µg/L to > 500 µg/L); microcystin was not detected in control lake samples. Neither adenoviruses nor enteroviruses were detected in any of the lakes. Low microcystin concentrations were found in personal air samples (< 0.1 ng/m³ [limit of detection]—2.89 ng/m³) and nasal swabs (< 0.1 ng [limit of detection]—5 ng). Microcystin concentrations in the water-soluble fraction of all plasma samples were below the limit of detection (1.0 µg/L). Findings indicate that recreational activities in waterbodies experiencing toxin-producing cyanobacterial blooms can generate aerosolized cyanotoxins, making inhalation a potential route of exposure.

Based on earlier work, it seems unlikely that recreational exposure to cyanobacteria toxins during algal blooms on small lakes will cause acute illness in people. However, there are occupational circumstances, such as using stagnant ponds to irrigate landscapes or golf courses and growing and harvesting catfish in standing ambient water ponds, where exposure to these toxins is likely to be greater than what have been observed during recreational activities. It is possible that these workers may be exposed to biologically relevant concentrations of cyanobacterial toxins while performing job-related activities. To address this concern, this proposal is to assess exposure of catfish farm workers to cyanobacteria toxins occurring in the standing water of catfish ponds in Alabama. Dr. Alan Wilson of Auburn University will be a collaborator. Dr. Wilson has considerable experience working with the catfish farmers to address how the presence of cyanobacteria in pond water can impact the taste and odor of catfish offered for sale to commercial markets. Since most of the ponds of interest tend to develop HABs comprising *Microcystis aeruginosa*, this study will be limited to exposure to microcystins.

The purpose of the new data collection is to continue assessing the public health impact of exposure to the cyanobacterial toxins, microcystins. The extent of human exposure to microcystins present in catfish pond waters and associated aerosols and whether serum levels of microcystins can be used as a biomarker of exposure will be examined.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Catfish farm workers	Screening Questionnaire	60	1	5/60	5
	Pre-exposure Questionnaire	50	1	10/60	8
	Post-exposure Questionnaire	50	4	10/60	33
Total	46

Dated: September 20, 2010.

Thelma E. Sims,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Voluntary Customer Satisfaction Surveys To Implement Executive Order 12862 in the Substance Abuse and Mental Health Services Administration (SAMHSA)—(OMB No. 0930-0197)—Extension

Executive Order 12862 directs agencies that “provide significant services directly to the public” to “survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services.” SAMHSA provides significant services directly to the public, including treatment providers and State substance abuse and mental health agencies, through a range of mechanisms, including publications, training, meetings, technical assistance and Web sites. Many of these services are focused on information dissemination activities.

The purpose of this submission is to extend the existing generic approval for such surveys.

The primary use for information gathered is to identify strengths and weaknesses in current service provisions by SAMHSA and to make improvements that are practical and feasible. Several of the customer satisfaction surveys expected to be implemented under this approval will provide data for measurement of program effectiveness under the Government Performance and Results Act (GPRA). Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to health care providers and members of the public. Focus groups may be used to develop the survey questionnaire in some instances.

The estimated annual hour burden is as follows:

Type of data collection	Number of respondents	Responses/ respondent	Hours/ response	Total hours
Focus groups	250	1	2.50	625
Self-administered, mail, telephone and e-mail surveys	89,750	1	.250	22,438
Total	90,000	23,063

Written comments and recommendations concerning the proposed information collection should be sent by October 25, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-7285.

Dated: September 16, 2010.

Elaine Parry,

Director, Office of Management, Technology and Operations.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects

(section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the Agency; (b) the accuracy of the