recommended maximum exposure times for temperature-sensitive fishery products for a variety of exposure temperatures and target pathogens, rather than one ''rule-of-thumb'' maximum exposure time, as was the case in the draft guide.

The agency recognizes, however, that the inclusion of more control strategies greatly lengthens the guide and could make it more difficult for the smaller, less sophisticated processor to use. FDA specifically invites comment on whether this will in fact be the case and on whether the agency should attempt to develop an abbreviated version of the guide for those who might benefit from it.

The guide includes tables of potential food safety hazards that may be associated with the hundreds of species of fish (vertebrate and invertebrate), as well as the numerous product forms (e.g., breaded, cooked, raw), that are commercially marketed in the United States. These tables are designed to aid the processor in the performance of the hazard analysis.

A separate chapter is devoted to each category of hazard (e.g., parasites, natural toxins, pathogen growth, metal fragments). Each chapter includes the steps necessary to complete the hazard analysis and, ultimately, the HACCP plan for that hazard. These steps include: (1) Understanding the potential hazard; (2) determining whether the potential hazard is significant and must therefore be controlled; (3) identifying the critical control points, where the hazard can best be controlled; (4) setting the critical limits, to which the operation must be held at the critical control points; (5) establishing the monitoring procedures, to ensure that the critical limits are consistently being met; (6) establishing corrective action procedures for when the critical limit is not met; (7) establishing a recordkeeping system to document the performance of the monitoring, corrective action, and verification procedures; and (8) establishing verification procedures.

There are two areas that were addressed in the draft guide but are not included in the first edition because they are the subject of policy reevaluation by FDA. The agency will update the guide in these areas when the policy reevaluation is complete.

The first of these areas involves the chemical methyl mercury. A number of comments objected to the testing regimen that the draft guide recommended for the control of the methyl mercury hazard in certain species of fish. The agency's recommendation was based on the 1.0 part per million action level for methyl mercury. While FDA has not changed this action level, the agency is reevaluating its policy in light of significant new data on the health effects of methyl mercury from consumption of fish that have become available since the action level was developed.

One other area in which the guidance contained in the guide is incomplete is the hazard of pathogens in raw fish and fishery products that are intended to be cooked by the consumer or end user. FDA policy identifies pathogens in such products as adulterants under the Federal Food, Drug, and Cosmetic Act. FDA is still evaluating what would constitute an appropriate hazard analysis, and what would constitute the appropriate HACCP controls for these products. The agency welcomes comment on this subject.

FDA expects that its reevaluation of the methyl mercury action level and its pathogen policy will be completed before the effective date of the regulations. When the reevaluation is completed, FDA will, among other things, update the guide by including advice on how to assess the significance of these potential hazards, and what controls, if any, are necessary to ensure the safety of fish.

The guide, which provides advice on how to prepare a HACCP plan when a plan is required by 21 CFR part 123, should be used until superseded by a subsequent edition. Although this guidance does not create or confer any rights, for or on any person, and does not operate to bind FDA, it does represent the agency's best thinking on how to prepare a HACCP plan for the processing of fish and fishery products.

Interested persons may, on or before May 20, 1997, submit to the Dockets Management Branch (address above) written comments on the guide for consideration in the preparation of the second edition of the guide. Comments received after that date will be considered for subsequent editions. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The guide and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Dated: February 11, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–4022 Filed 2–18–97; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[Document Identifier: HCFA–1514]

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of currently approved collection; *Title of Information Collection:* Hospital Request for Certification in the Medicare/Medicaid Program; *Form No.:* HCFA–1514; *Use:* Section 1861 of the Social Security Act and 42 CFR part 482 requires hospitals to be certified to participate in the Medicare/Medicaid program. As part of the certification process, providers must complete form HCFA–1514. This certification form is a facility identification and screening form used to initiate the certification process and to determine if the provider has sufficient personnel to participate in the Medicare/Medicaid program. *Frequency:* Annually; *Affected Public:* State, Local or Tribal Gov't.; *Number of Respondents:* 2,500; *Total Annual Responses:* 2,500; *Total Annual Hours:* 625.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http://www.hcfa.gov/regs/prdact95.htm, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer

designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: John Rudolph, Room C2–25–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: February 10, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.

[FR Doc. 97–3985 Filed 2–18–97; 8:45 am]

BILLING CODE 4120–03–M

Public Health Service

Title: FNB Workshop on Folate, Vitamin B–12, and Choline

AGENCY: Office of Disease Prevention and Health Promotion, HHS.

ACTION: Food and Nutrition Board Workshop on Folate, B–12, and Choline; notice of meeting and request for information.

SUMMARY: The Food and Nutrition Board (FNB), Institute of Medicine, National Academy of Sciences, under the auspices of the Standing Committee on the Scientific Evaluation of Dietary Reference Intakes, will hold an open workshop to address the nutrients folate, vitamin B–12, and choline.

DATES: The open meeting will be held from 12:30 until 5:30 p.m. E.S.T. on March 3, 1997, and from 8 a.m. until 12:30 p.m. E.S.T. on March 4, 1997, at the Jefferson Auditorium, U.S. Department of Agriculture South Building, 14th and Independence Avenue, S.W., Washington, D.C. The meeting is open to the public.

FOR FURTHER INFORMATION, CONTACT: Diane Johnson, Program Assistant, Food and Nutrition Board, 2101 Constitution Avenue, NW., Washington, D.C. 20418, (202) 334–1312, or send an e-mail to FNB@NAS.EDU.

SUPPLEMENTARY INFORMATION: Speakers have been invited to present evidence bearing on requirements and adverse effects, if any, of high levels of intake of folate, vitamin B–12, and choline. Information presented will be considered by the committee in its development of Dietary Reference Intakes for these nutrients. Interested individuals and organizations are encouraged to provide written scientific information for the committee's use. Those wishing to be considered for a brief oral presentation should submit an abstract with references to FNB, 2101 Constitution Ave., NW, Washington, DC 20418, by February 24, 1997. The study for which this meeting is being held is supported by the Department of Health and Human Services (Office of Disease Prevention and Health Promotion, Office of Public Health and Science; the Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention; and the Office of Dietary Supplements, National Institutes of Health).

The meeting is open to the public; however seating is limited. If you will require a sign language interpreter, please call Diane Johnson (202) 334–1312 by 4:30 p.m. E.S.T. on February 21, 1997.

Dated: February 6, 1997.

Claude Earl Fox,

Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), Department of Health and Human Services.

[FR Doc. 97–4040 Filed 2–18–97; 8:45 am]

BILLING CODE 4160–17–M

Office of Public Health and Science; Notice of Partnership Initiative

Pursuant to Title XVII of the Public Health Service Act, notice is hereby given that the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, is seeking partnerships with non-Federal organizations to promote, distribute and encourage the implementation of ''Put Prevention into Practice.'' ''Put Prevention into Practice'' is a system-based approach to implementing the recommendations of the United States Preventive Services Task Force, targeting patients, clinicians, and medical offices. The goal is to increase the impact of ''Put Prevention into Practice'' by forming partnerships with private sector organizations. These cooperative efforts are intended to bring the resources of several partners to bear on the implementation of clinical preventive services guidelines and on the efforts to increase the delivery of appropriate clinical preventive services, efforts that are too complex for any one organization to handle alone. Organizations with particular experience, expertise or interest in the development, marketing and distribution of prevention-related materials to the general public, professional organizations and managed care organizations will be well-aligned with current and planned initiatives of ''Put Prevention into Practice'' activities.

Note: Partnerships between ODPHP and outside organizations will be formalized through Memorandum of Agreements and will not involve grants or contracts.

Date of Effectiveness: February 19, 1997.

For more information, please contact Rika Maeshiro, M.D., M.P.H., Senior Clinical Affairs Advisor, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, at 202–690–7943.

Dated: February 10, 1997.

Claude Earl Fox,

Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).

[FR Doc. 97–4039 Filed 2–18–97; 8:45 am]

BILLING CODE 4160–17–M

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention; Notice of Meeting

Pursuant to Public Law 92–463, notice is hereby given of the meeting of the Drug Testing Advisory Board of the Center for Substance Abuse Prevention in April 1997.

The Drug Testing Advisory Board (DTAB) is having a 3-day scientific meeting to discuss drug testing alternative specimens and technologies as they apply to workplace drug testing programs. The entire meeting is open to the public; however, attendance by the public will be limited to space available. The first two days will consist of presentations on the principles and criteria of workplace drug testing program requirements and industry representatives discussing alternative specimens/technologies (urine, hair, saliva, sweat, and non-instrument based on-site tests). The presentations will be focused on the following areas for each alternative specimen/technology: specimen collection and chain of custody, initial test reagents and procedures, confirmatory test procedures, internal quality control program, reporting test results, interpreting test results, and an external quality assurance program. On the third day, the DTAB will review the presentations, identify areas of concern, and make recommendations concerning those specimens/technologies for workplace drug testing.

Interested persons may present information or views, orally or in writing, on these issues pending before the Board. Those desiring to make formal presentations should notify the contact person before March 7. A coordinator for each alternative specimen/technology will select the presenters. The presenters who will discuss the underlying principles and