DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N–0053]

Medical Device Inspection Evaluation Report; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a report entitled ''Medical Device Inspection Evaluation Report.'' The report describes the outcomes of the Medical Device Inspection Evaluation pilot conducted between March 1, 1999, and February 29, 2000. The report was prepared by the University of California at Irvine Statistical Consulting Center from the information received on the evaluation forms submitted by medical device manufacturers who were inspected for their compliance with the quality system/good manufacturing practices (QS/GMP) during the time of the pilot.

DATES: Submit written comments on this report at any time.

ADDRESSES: Submit written requests for single copies of the report to the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Submit written comments on the report to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the report.

FOR FURTHER INFORMATION CONTACT: Denise Dion, Division of Emergency and Investigational Operations (HFC–130), Office of Regional Operations, Office of Regulatory Affairs, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–5645, FAX 301–443–6919.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a report entitled ''Medical Device Inspection Evaluation Report.'' In the **Federal Register** of January 28, 1999 (64 FR 4426, January 28, 1999), at the close of all premarket and QS/GMP inspections conducted between March 1, 1999, and February 29, 2000, an FDA investigator provided a survey packet to the device firm's representative. This survey packet included a questionnaire, a postage-paid return envelope, and a cover letter to the company explaining the questionnaire's purpose. FDA officials; industry representatives; and Dr. Anita Iannucci, the survey coordinator/data analyst from the University of California at the Irvine Center for Statistical Consulting, signed this cover letter. To maintain confidentiality, the firms mailed their completed questionnaires directly to the university survey coordinator.

The purpose of the survey was to: (1) Give firms an opportunity to provide feedback to FDA and industry about their inspection experience, (2) compare the consistency of firms' reactions to inspections across different areas (both domestic and international), and (3) determine if the medical device industry initiatives (preannounced inspections and annotated FDA 483s) were being followed. The survey was also designed to determine if the initiative caused officials in medical device firms to view their FDA inspections in a more positive light than they had previously.

FDA's Office of Regulatory Affairs received the complete tabulation of the responses, and purged of all identifying information. FDA will be reviewing the report to determine if areas of future improvement can be identified. The information will be used internally to identify suggestions for training.

An FDA/industry committee consisting of: Nancy Singer, AdvaMed; Denise Dion, FDA; Lauren Andersen, AdvaMed and Andersen Caledonia Ltd.; Elaine Messa, Quintiles Consulting and Former Director of the Los Angeles District Office, FDA; Leif Olsen, AMDM and BioWhittaker; and Susan Reilly, ASQ Biomedical Division and Reilly and Associates, worked with Dr. Iannucci in designing the survey and assisting in the evaluation of the results. The committee members also assisted in the preparation of the final report.

II. Comments

Interested persons may submit to the Dockets Management Branch (address above) written comments on the report at any time. 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. A copy of the report and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

Persons with access to the Internet may obtain the document at http://www.fda.gov/ora under the heading ''Recent Publications.''

Dated: April 18, 2001.

Dennis E. Baker,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 01–10165 Filed 4–24–01; 8:45 am]

BILLING CODE 4160–01–S

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 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, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Project to Assess Race, Ethnicity, and Gender of Clients and Staff at Selected BPHC Supported Programs—New.

The Office of Minority and Women's Health (OMWH), in the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), recognizes that information on the race, ethnicity, and gender of clients and staff employed at BPHC supported programs is important in determining the extent to which BPHC supported programs reflect the populations they serve. HRSA's strategic goal is to assure 100% access to health care and to work

toward the elimination of health disparities in the U.S. The OMWH proposes to conduct a survey for the purpose of obtaining baseline data on the racial, ethnic, and gender composition of both users and staff at its supported programs.

Numerous studies have shown that women and people of diverse racial and ethnic background are more comfortable seeking and receiving health care from providers of their same gender, race, and ethnic background. These studies suggest that women and people of diverse race/ethnicity perceive that their health care is more attuned to their unique health and psychosocial circumstances when diverse providers are available to them. A diverse workforce in BPHC supported programs may contribute significantly to the reduction of a significant psychological barrier to health care for many women and people of color.

The burden estimate for this project is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Center Directors	150	1	150	.25	38
Center Staff	[1] 150	28	4200	.08	336
Total			4350		374

[1] Sites.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 17, 2001.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 01–10228 Filed 4–24–01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HRSA AIDS Advisory Committee; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act(Pub. L. 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of June 2001.

Name: HRSA AIDS Advisory Committee (HAAC).

Date and Time: June 4, 2001; 8:30 a.m.—5 p.m.

Place: Centers for Disease Control and Prevention; Corporate Square; Corporate Blvd., Building 8, first floor; Atlanta, Georgia 30329; Telephone: (404) 639–8008.

Date and Time: June 5, 2001; 8:30 a.m.—3:30 p.m.

Place: Outreach, Inc.; 825 Cascade Ave., SW; Atlanta, GA 30311; Telephone: (404) 755–6700.

The meeting is open to the public.

Agenda: Agenda items for the meeting include a discussion of HIV prevention and care linkages with the Centers for Disease Control and Prevention's Advisory Committee on HIV and STD Prevention and rural issues.

Anyone requiring further information should contact Joan Holloway, HIV/AIDS Bureau, Parklawn Building, Room 7–13, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–5761.

Dated: April 18, 2001.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01–10229 Filed 4–24–01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request; Multi-Ethnic Study of Atherosclerosis (MESA) Event Surveillance

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Multi-Ethnic Study of Atherosclerosis (MESA) Event Surveillance. *Type of Information Request:* New. *Need and Use of Information Collection:* The study, MESA, will identify and quantify factors associated with the presence and progression of subclinical cardiovascular disease (CVD)—that is, atherosclerosis and other forms of CVD that have not produced signs and symptoms. The findings will provide important information on subclinical CVD in individuals of different ethnic backgrounds and provide information for studies on new interventions to prevent CVD. The aspects of the study that concern direct participant evaluation received a clinical exemption from OMB clearance (CE–99–11–08) in April 2000. OMB clearance is being sought for the contact of physicians and participant proxies to obtain information about clinical CVD events that participants experience during the follow-up period. *Frequency of response:* Once per CVD-event. *Affected public:* Individuals. *Types of Respondents:* Physicians and selected proxies of individuals recruited for MESA. The annual reporting burden is as follows: *Estimated Number of Respondents:* 555; *Estimated Number of Responses per respondent:* 1.0; *and Estimated Total Annual Burden Hours Requested:* 42.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Physicians	279	1.0	0.20	19
Particpant proxies	276	1.0	0.25	23
Total	555	1.0	0.225	42