ACTION: Notice of request for comments regarding a renewal to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration will be submitting to the Office of Management and Budget (OMB) a request to review and approve a renewal of a currently approved information collection requirement regarding packing list clause.

Public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

DATES: Submit comments on or before: January 28, 2005.

FOR FURTHER INFORMATION CONTACT: Michael O. Jackson, Procurement Analyst, Office of the Deputy Chief Acquisition Officer, Room 4032, by telephone (202) 208–4949 or via email at *michaelo.jackson@gsa.gov*.

ADDRESSES: Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Regulatory Secretariat (V), General Services Administration, Room 4035, 1800 F Street, NW., Washington, DC 20405. Please cite OMB Control No. 3090–0246, Packing List Clause, in all correspondence.

SUPPLEMENTARY INFORMATION:

A. Purpose

GSAR clause 552.211–77 requires a contractor to include a packing list that verifies placement of an order and identifies the items shipped. In addition to information contractors would normally include on packing lists, the identification of cardholder name, telephone number and the term ''Credit Card'' is required.

B. Annual Reporting Burden

Respondents: 4000
Responses Per Respondent: 233
Hours Per Response: .00833
Total Burden Hours: 7757
Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (V), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 3090–0246, Packing List Clause, in all correspondence.

Dated: November 22, 2004.

Laura Auletta,

Director, Contract Policy Division.

[FR Doc. 04–26325 Filed 11–26–04; 8:45 am]

BILLING CODE 6820–61–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR–207]

Public Health Assessments Completed

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces those sites for which ATSDR has completed public health assessments during the period from July through September 2004. This list includes sites that are on or proposed for inclusion on the National Priorities List (NPL), and includes sites for which assessments were prepared in response to requests from the public.

FOR FURTHER INFORMATION CONTACT: William Cibulas, Jr., Ph.D., Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E–32, Atlanta, Georgia 30333, telephone (404) 498–0140.

SUPPLEMENTARY INFORMATION: The most recent list of completed public health assessments was published in the **Federal Register** on August 13, 2004 [69 FR 50204]. This announcement is the responsibility of ATSDR under the regulation ''Public Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities'' [42 CFR part 90]. This rule sets forth ATSDR's procedures for the conduct of public health assessments under section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) [42 U.S.C. 9604(i)].

Availability

The completed public health assessments are available for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1825 Century Boulevard, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (800) 553–6847. NTIS charges for copies of public health assessments. The NTIS order numbers are listed in parentheses following the site names.

Public Health Assessments Completed or Issued

Between July 1, 2004, and September 30, 2004, public health assessments were issued for the sites listed below:

NPL and Proposed NPL Sites

California

Del Amo Superfund Site—(PB2004–106757).

Lawrence Livermore National Laboratory, Main Site (USDOE)—(PB2004–106383).

Minnesota

Baytown Township Groundwater Contamination Site (a/k/a Baytown Township Ground Water Plume)—(PB2005–100068).

Ohio

FEED Materials Production Center [(USDOE) a/k/a Fernald Environmental Management Project)]—(PB2004–107099).

Oregon

Harbor Oil Incorporated—(PB2004–106759).

Virginia

Naval Weapons Station Yorktown, Cheatham Annex—(PB2004–100064).

Vermont

Elizabeth Copper Mine—(PB2005–100247).

Non-NPL Petitioned Sites

California

Abex/Remco Hydraulics Facility (a/k/a Abex Corporation Remco Hydraulics Plant)—(PB2004–106802).

Connecticut

Newhall Street Neighborhood (aliases: Bryden and Morse Streets Residential Properties; Rosem Site Residential Properties)—(PB2005–100062).

Georgia

Young Refining Corporation—(PB2004–106758).

Guam

Agana Power Plant—(PB2004–100066).

Illinois

Bordner Manufacturing Company—(PB2005–100067).

Northern Mariana Islands, Commonwealth of the

Saipan Capacitors [a/k/a Tanapag Village (Saipan)]—(PB2005–100063).

Ohio

Gentile Air Force Station (a/k/a USDOD Defense Electronics Supply Center)—(PB2004–107098).

Tennessee

Volunteer Army Ammunition Plant—(PB2005–100065).

Texas

Kelly Air Force Base—(PB2004–106801).

Dated: November 19, 2004.

Georgi Jones,

Director, Office of Policy, Planning, and Evaluation, National Center for Environmental Health, Agency for Toxic Substances and Disease Registry.

[FR Doc. 04–26318 Filed 11–26–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05AJ]

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) 498–1210 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, 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

National Surveillance for Severe Adverse Events (Hospitalization or Death) Associated with Treatment of Latent Tuberculosis Infection (LTBI)—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The Centers for Disease Control and Prevention proposes to collect data for the National Surveillance for Severe Adverse Events (Hospitalization or Death) Associated with Treatment of Latent Tuberculosis Infections. CDC is requesting OMB approval for three years for this proposed data collection.

As part of the national TB elimination strategy, the American Thoracic Society and CDC have published recommendations for targeted testing for TB and treatment for latent TB infection (LTBI). However, between October 2000 and September 2004, the CDC received reports of 50 patients with severe adverse events associated with the use of the two or three-month regimen of rifampin and pyrazinamide (RZ) for the treatment of LTBI; 12 (24%) patients died (Morbidity and Mortality Weekly Report 2003;52[31]:735–9). A severe adverse event is defined as hospitalization or death of a person receiving treatment for LTBI. On the basis of these data, the American Thoracic Society and CDC recommended that RZ should generally not be offered for treatment of persons with LTBI, regardless of HIV status. Rifampin and pyrazinamide should continue to be administered in multidrug regimens for the treatment of persons with active TB disease.

Reports of severe adverse events related to RZ and other older LTBI regimens have prompted a need for this project—a national surveillance system of such events. The objective of the project is to determine the annual number and temporal trends of severe adverse events (hospitalization or death) associated with any treatment for LTBI in the United States. Surveillance of such events will provide data to support periodic evaluation of guidelines for treatment of persons with LTBI and revision, as needed.

This project will set up a passive reporting system for severe adverse events (death or hospitalization) to therapy for LTBI. The system will rely on medical chart review of already existing data by TB control staff.

Potential respondents are any of the 60 reporting areas for the national TB surveillance system (the 50 states, the District of Columbia, New York City, and 8 jurisdictions in the Pacific and Caribbean). Data will be collected using the data collection form for adverse events associated with LTBI treatment (AELT). Based on previous reporting, CDC anticipates receiving an average of 12 responses per year from the 60 reporting areas. The AELT form will be completed for each reported hospitalization or death related to treatment of LTBI and contains demographic, clinical, and laboratory information. CDC will analyze and periodically publish reports summarizing national LTBI treatment adverse events statistics and also will conduct special analyses for publication in peer-reviewed scientific journals to further describe and interpret these data.

The Food and Drug Administration (FDA) collects data on adverse events related to drugs through the FDA MedWatch Program. CDC is planning to collaborate with FDA in developing the national surveillance system for adverse events associated with LTBI. Reporting will be conducted through telephone, e-mail, or during CDC site visits. The only cost to respondents is their time to complete the form.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health Departments	12	1	1	12
Total				12