

testing information. ICCVAM conducts technical evaluations of new, revised, and alternative safety testing methods with regulatory applicability and promotes the scientific validation and regulatory acceptance of toxicological and safety-testing methods that more accurately assess the safety and hazards of chemicals and products and that reduce, refine (enhance animal welfare and lessen or avoid unrelieved pain and distress), or replace animal use. The ICCVAM Authorization Act of 2000 (42 U.S.C. 285l-3) established ICCVAM as a permanent interagency committee of the NIEHS under NICEATM. NICEATM administers ICCVAM, provides scientific and operational support for ICCVAM-related activities, and conducts independent validation studies to assess the usefulness and limitations of new, revised, and alternative test methods and strategies. NICEATM and ICCVAM work collaboratively to evaluate new and improved test methods and strategies applicable to the needs of U.S. Federal agencies. NICEATM and ICCVAM welcome the public nomination of new, revised, and alternative test methods and strategies applicable to the needs of Federal agencies. Additional information about NICEATM and ICCVAM can be found on the NICEATM-ICCVAM Web site (<http://iccvam.niehs.nih.gov>).

SACATM was established in response to the ICCVAM Authorization Act (42 U.S.C. 285l-3) and is composed of scientists from the public and private sectors. SACATM advises ICCVAM, NICEATM, and the Director of the NIEHS and NTP regarding statutorily mandated duties of ICCVAM and activities of NICEATM. SACATM provides advice on priorities and activities related to the development, validation, scientific review, regulatory acceptance, implementation, and national and international harmonization of new, revised, and alternative toxicological test methods.

Additional information about SACATM, including the charter, roster, and records of past meetings, can be found at <http://ntp.niehs.nih.gov/go/167>.

References

ICCVAM. 2011. ICCVAM Test Method Evaluation Report: The LUMI-CELL® ER (BG1Luc ER TA) Test Method: An *In Vitro* Assay for Identifying Human Estrogen Receptor Agonist and Antagonist Activity of Chemicals. NIH Publication No. 11-7850. Research Triangle Park, NC: NIEHS. Available: <http://iccvam.niehs.nih.gov/methods/endocrine/ERTA-TMER.htm>.

Dated: August 13, 2012.

John R. Bucher,

Associate Director, National Toxicology Program.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Fees for Sanitation Inspections of Cruise Ships

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: General notice.

SUMMARY: In this notice, the Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces fees for vessel sanitation inspections for Fiscal Year (FY) 2013. These inspections are conducted by HHS/CDC's Vessel Sanitation Program (VSP). VSP helps the cruise line industry fulfill its responsibility for developing and implementing comprehensive sanitation programs to minimize the risk for acute gastroenteritis. Every vessel that has a foreign itinerary and carries 13 or more passengers is subject to twice-yearly inspections and, when necessary, re-inspection.

DATES: These fees are effective October 1, 2012 through September 30, 2013.

FOR FURTHER INFORMATION CONTACT:

CAPT Jaret T. Ames, Chief, Vessel Sanitation Program, National Center for Environmental Health, Centers for Disease Control and Prevention, 4770 Buford Highway NE., MS-F-59, Atlanta, Georgia 30341-3717, phone: 800-323-2132 or 954-356-6650, email: vsp@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose and Background

HHS/CDC established the Vessel Sanitation Program (VSP) in the 1970s as a cooperative activity with the cruise ship industry. VSP helps the cruise ship industry prevent and control the introduction, transmission, and spread of gastrointestinal illnesses on cruise ships. VSP operates under the authority of the Public Health Service Act (42 U.S.C. 264, "Control of Communicable Diseases"). Regulations found at 42 CFR 71.41 (Foreign Quarantine—Requirements Upon Arrival at U.S. Ports: Sanitary Inspection; General Provisions) state that carriers arriving at U.S. ports from foreign areas are subject to sanitary inspections to determine whether rodent, insect, or other vermin infestations exist, contaminated food or water, or other sanitary conditions requiring measures for the prevention of the introduction, transmission, or spread of communicable diseases are present.

The fee schedule for sanitation inspections of passenger cruise ships by VSP was first published in the **Federal Register** on November 24, 1987 (52 FR 45019). HHS/CDC began collecting fees on March 1, 1988. This notice announces fees that are effective for FY 2013, beginning on October 1, 2012 through September 30, 2013.

The following formula is used to determine the fees:

$$\text{Average cost per inspection} = \frac{\text{Total cost of VSP}}{\text{Weighted number of annual inspections}}$$

The average cost per inspection is multiplied by size and cost factors to determine the fee for vessels in each size category. The size and cost factors were established in the fee schedule published in the **Federal Register** on July 17, 1987 (52 FR 27060). The fee schedule was most recently published in the **Federal Register** on March 2, 2012 (77 FR 12843). The current size

and cost factors are presented in Appendix A.

Fee

The fee schedule (Appendix A) will be effective October 1, 2012 through September 30, 2013. The fee schedule has not changed since October 1, 2006. The cruise ship industry should be aware that if travel expenses for VSP

increase, the fees may need to be adjusted before September 30, 2013; travel expenses constitute a sizable portion of VSP's costs. If a fee adjustment is necessary, HHS/CDC will publish a notice 30 days before the effective date.

Applicability

The fees will apply to all passenger cruise vessels for which inspections are conducted as part of HHS/CDC's VSP.

Dated: August 14, 2012.

Tanja Popovic,

*Deputy Associate Director for Science,
Centers for Disease Control and Prevention.*

Appendix A**SIZE/COST FACTOR**

Vessel size	GRT ¹	Approximate cost per GRT (in U.S. dollars)
Extra Small	<3,001	0.25
Small	3,001–15,000	0.50
Medium	15,001–30,000	1.00
Large	30,001–60,000	1.50
Extra Large	60,000–120,000	2.00
Mega	>120,001	3.00

FEE SCHEDULE

Vessel size	GRT ¹	Fee (in U.S. dollars)
Extra Small	<3,000	1,300
Small	3,001–15,000	2,600
Medium	15,001–30,000	5,200
Large	30,001–60,000	7,800
Extra Large	60,001–120,000	10,400
Mega	>120,001	15,600

¹ Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping. Inspections and re-inspections involve the same procedures, require the same amount of time, and are therefore charged at the same rates.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for Dare To Prepare (D2P) Challenge

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

Award Approving Official: Thomas R. Frieden, M.D., M.P.H., Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) announces challenge contests to improve nationwide preparedness awareness and readiness. HHS/CDC will use social media outlets (blog, Twitter, Facebook) to engage citizens with daily challenges during the month of September 2012. Participants will complete challenges by doing activities, assessing their preparedness needs, and creatively sharing solutions. The challenges will

be posted each weekday throughout the month of September. There will be a total of 20 challenges.

DATES: The contest will be held daily (Monday through Friday) September 3–October 1, 2012 with a different challenge each day. Interested persons should consult the contest Web site (<http://www.cdc.gov/phpr/daretoprepare.htm>) for specific submission deadlines.

FOR FURTHER INFORMATION CONTACT:

Caitlin Shockley, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention, 1600 Clifton Road, M.S. D–44, Atlanta, Georgia 30329. Phone (404) 639–7405; email PHPRCommunications@cdc.gov.

Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, an individual or entity:

- (1) Shall be at least 13 years old at the time of entry, and any individual under 18 years of age at the time of entry must have permission from a parent or guardian;
- (2) Shall be a citizen or permanent resident of the United States;
- (3) Shall comply with all rules set forth herein;
- (4) You must use a consistent username throughout the challenge for your submissions to be counted;
- (5) Must limit their entry to one per individual or entity per task;

(6) Must submit entries before each challenge submission time period closes;

(7) By submitting a challenge response, participants agree to participate in the competition under the rules developed by Centers for Disease Control and Prevention;

(8) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States; and

(9) May not be a Federal entity or Federal employee acting within the scope of their employment.

(10) Shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Registration Process for Participants

This challenge will be internet-based using a variety of social media platforms, including Facebook (<http://www.facebook.com/#!/cdcemergency>); Twitter (<https://twitter.com/#!/CDCReady/>), and the HHS/CDC Public Health Preparedness and Response Web site (<http://www.cdc.gov/phpr/daretoprepare.htm>). The challenge