

Prevention and the Agency for Toxic Substances and Disease Registry.

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*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2016-11142 Filed 5-11-16; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-16-16GX]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or

send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Mining Industry Surveillance System—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Federal Mine Safety and Health Act of 1977, Section 501, enables NIOSH to carry out research relevant to the health and safety of workers in the mining industry. Surveillance of occupational injuries, illnesses, and exposures has been an integral part of the work of NIOSH since its creation by the Occupational Safety and Health Act in 1970. Surveillance activities at the Office of Mine Safety and Health Research (OMSHR), a division of NIOSH, are focused on the nation's mining workforce.

OMSHR is planning to develop the Mining Industry Surveillance System, a unique source of longitudinal information on U.S. mines and their employees. Its purpose will be to: (1) Track changes and emerging trends over time; (2) provide current data to guide research and training activities; (3) provide updated demographic and occupational data for the mining workforce; and (4) provide denominator data to help understand the risk of work-related injuries, disease, and fatalities in specific demographic and occupational subgroups.

The goal of the proposed project is to improve its surveillance capability related to the occupational risks in mining. NIOSH is requesting a three-year approval for this data collection.

NIOSH is planning to use the Mining Industry and Workforce Survey (MIWS) to collect data for the Mining Industry Surveillance System. Data will be collected through surveys conducted on

a rotating basis in mining sectors aligned with national mining association. In Phase 1 of the project, the MIWS will be conducted in the stone/sand and gravel mining sector in year 1, the metal/nonmetal mining sector in year 2, and the coal mining sector in year 3. Data from this survey will provide denominator data so that accident, injury, and illness reports can be evaluated in relation to the population at risk. Additionally, NIOSH cannot separately determine the number of contractor employees working in metal, nonmetal, stone, or sand and gravel mines. The survey will collect mine-level data on contractor employees to allow NIOSH to determine the quantity of contract labor that mine operators use and the type of work these employees perform. NIOSH will also use the MIWS to collect mine-level data that will provide a valuable picture of the current working environment (work schedules and shift work practices) used in the U.S. mining industry.

#### Estimated Annualized Burden Hours

The burden estimates were derived in the following manner. Based on the stratification and sample size allocation plan developed for this project 34% of all sampled mines have fewer than 10 employees. Mines with 10 or fewer employees will not have to do any sampling as they will be asked to provide data for all of their employees. Small mines will require up to 45 minutes to complete the survey. Mines with 11 or more employees will need up to 1.5 hours given their need to generate an employee roster and sample 10 of their employees. Thus, NIOSH is estimating that the average annual burden to complete the survey will be 1 hour. Non-responding mines will be asked to complete the Nonresponse Survey which consists of only seven questions. NIOSH estimates that the burden for this brief survey will be 10 minutes or less. The burden data are calculated based on a 60% response rate for the sampled mines. This does not take into account that some sampled mines may not be eligible to participate in the survey (e.g., inactive, temporarily closed). The total estimated annualized burden hours are 491.

There is no cost to the respondents other than their time.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Responding Mines .....	Mining Industry and Workforce Survey .....	420	1	1
Nonresponding Mines .....	Phone Script .....	280	1	5/60
Nonresponding Mines .....	Nonresponse Survey .....	280	1	10/60

**Leroy A. Richardson**

Chief, Information Collection Review Office,  
Office of Scientific Integrity, Office of the  
Associate Director for Science, Office of the  
Director, Centers for Disease Control and  
Prevention.

[FR Doc. 2016-11179 Filed 5-11-16; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP STAC or Advisory Committee), National Institute for Occupational Safety and Health (NIOSH), Docket Number CDC-2016- 0036; NIOSH 248-E

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

**Time and Date:** 9:00 a.m.–5:00 p.m.,  
June 2, 2016 (All times are Eastern  
Daylight Time).

**Place:** Jacob J. Javits Federal Building,  
26 Federal Plaza, New York, New York  
10278. This meeting will also be  
available by telephone and Web  
conference. Audio only will be available  
by telephone; video will be available by  
Web conference. The USA toll-free, dial-  
in number is 1-888-606-8411, and  
when prompted enter passcode—  
5064451. To view the web conference,  
enter the following web address in your  
web browser: [https://  
odniosh.adobeconnect.com/wtchpstac/](https://odniosh.adobeconnect.com/wtchpstac/).

**Public Comment Time and Date:** 9:20  
a.m.–9:50 a.m., June 2, 2016.

Please note that the public comment  
period ends at the time indicated above  
or following the last call for comments,  
whichever is earlier. Members of the  
public who want to comment must sign  
up by providing their name by mail,  
email, or telephone, at the addresses  
provided below by May 29, 2016. Each  
commenter will be provided up to five  
minutes for comment. A limited number  
of time slots are available and will be

assigned on a first come–first served  
basis. Written comments will also be  
accepted from those unable to attend the  
public session.

**Status:** Open to the public, limited  
only by the number of telephone lines.  
The conference line will accommodate  
up to 50 callers; therefore it is suggested  
that those interested in calling in to  
listen to the committee meeting share a  
line when possible.

**Background:** The Advisory Committee  
was established by Title I of the James  
Zadroga 9/11 Health and Compensation  
Act of 2010, Public Law 111-347  
(January 2, 2011), amended by Public  
Law 114-113 (Dec. 18, 2015), adding  
Title XXXIII to the Public Health  
Service (PHS) Act (codified at 42 U.S.C.  
300mm to 300mm-61).

**Purpose:** The purpose of the Advisory  
Committee is to review scientific and  
medical evidence and to make  
recommendations to the World Trade  
Center (WTC) Program Administrator  
regarding additional WTC Health  
Program eligibility criteria, potential  
additions to the list of covered WTC-  
related health conditions, and research  
regarding certain health conditions  
related to the September 11, 2001  
terrorist attacks. Title XXXIII of the PHS  
Act established the WTC Health  
Program within the Department of  
Health and Human Services (HHS). The  
WTC Health Program provides medical  
monitoring and treatment benefits to  
eligible firefighters and related  
personnel, law enforcement officers,  
and rescue, recovery, and cleanup  
workers who responded to the  
September 11, 2001, terrorist attacks in  
New York City, at the Pentagon, and in  
Shanksville, Pennsylvania (responders),  
and to eligible persons who were  
present in the dust or dust cloud on  
September 11, 2001 or who worked,  
resided, or attended school, childcare,  
or adult daycare in the New York City  
disaster area (survivors). Certain specific  
activities of the WTC Program  
Administrator are reserved to the  
Secretary, HHS, to delegate at her  
discretion; other WTC Program  
Administrator duties not explicitly  
reserved to the Secretary, HHS, are  
assigned to the Director, NIOSH. The

administration of the Advisory  
Committee is left to the Director of  
NIOSH in his role as WTC Program  
Administrator. CDC and NIOSH provide  
funding, staffing, and administrative  
support services for the Advisory  
Committee. The charter was reissued on  
May 12, 2015, and will expire on May  
12, 2017.

**Matters for Discussion:** The Advisory  
Committee will address the new  
responsibilities required under the  
reauthorization of the WTC Health  
Program in the PHS Act. Specifically,  
the enhanced role of the STAC to (1)  
make recommendations regarding the  
identification of individuals to conduct  
independent peer reviews of the  
evidence that would be the basis for  
issuing final rules to add a health  
condition to the List of WTC-Related  
Health Conditions; and (2) review and  
evaluate the policies and procedures in  
effect within the WTC Health Program  
that are used to determine whether  
sufficient evidence is available to  
support adding a non-cancer condition  
or type of cancer to the List of WTC-  
Related Health Conditions.

The two policies can be found at:  
<http://www.cdc.gov/wtc/policies.html>.  
The agenda will include presentations  
on peer review and the policies and  
procedures the WTC Health Program  
uses to add health conditions to the list  
of covered conditions.

The agenda is subject to change as  
priorities dictate.

To view the notice, visit [http://  
www.regulations.gov](http://www.regulations.gov) and enter CDC-  
2016-0036 in the search field and click  
“Search.”

**Public Comment Sign-up and  
Submissions to the Docket:** To sign up  
to provide public comments or to  
submit comments to the docket, send  
information to the NIOSH Docket Office  
by one of the following means:

**Mail:** NIOSH Docket Office, Robert A.  
Taft Laboratories, MS C-34, 1090  
Tusculum Avenue, Cincinnati, Ohio  
45226.

**Email:** [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov).

**Telephone:** (513) 533-8611.

In the event an individual cannot  
attend, written comments may be  
submitted. The comments should be