defined and regulated as a solid waste under RCRA.

10. Corrective Action

Under current RCRA requirements, hazardous wastes from cleanup activities (e.g., corrective action and related activities) are subject to the same permitting, treatment, disposal and other requirements as newly generated and managed hazardous waste. However, many of the requirements for as-generated hazardous wastes are inappropriate for soil and groundwater contaminated with such wastes, and EPA may lack sufficient authority to modify these requirements. The application of full RCRA hazardous waste requirements to cleanup wastes may act as a disincentive for cleanup, eliminate practical and effective remedies from consideration, deter the use of innovative technologies, and result in excessively costly cleanups.

11. Hazardous Waste Manifest

EPA may lack clear statutory authority to provide flexibility to the manifest system in order to provide significant reductions in paper work burdens.

Principles for Developing the Legislative Proposal:

In developing the package of targeted legislative reforms for RCRA, EPA will be following the principles for reinventing environmental protection outlined in the President's plan:

- Protecting public health and the environment is an important national goal, and individuals, businesses and government must take responsibility for the impact of their actions.
- Regulation must be designed to achieve environmental goals in a manner that minimizes costs to individuals, businesses, and other levels of government.
- Environmental regulations must be performance-based, providing maximum flexibility in the means of achieving our environmental goals, but requiring accountability for the results.
- Preventing pollution, not just controlling or cleaning it up, is preferred.
- Market incentives should be used to achieve environmental goals, whenever appropriate.
- Environmental regulation should be based on the best science and economics, subject to expert and public scrutiny, and grounded in values Americans share.
- Government regulations must be understandable to those who are affected by them.
- Decisionmaking should be collaborative, not adversarial, and decisionmakers must inform and involve those who must live with the decisions.
- Federal, state, tribal, and local governments must work as partners to achieve common environmental goals, with nonfederal partners taking the lead when appropriate.
- No citizen should be subjected to unjust or disproportionate environmental impacts.

Dated: April 24, 1995.

Elliott P. Laws,

Assistant Administrator, Office of Solid Waste and Emergency Response.

[FR Doc. 95–10510 Filed 4–27–95; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

Public Information Collection Requirement Submitted to Office of Management and Budget for Review

April 19, 1995.

The Federal Communications Commission has submitted the following information collection requirements to OMB for review and clearance under the Paperwork Reduction Act of 1980 (44 U.S.C. 3507).

Copies of these submissions may be purchased from the Commission's copy contractor, International Transcription Service, Inc., 2100 M Street, NW, Suite 140, Washington, DC 20037, (202) 857–3800. For further information on this submission contact Dorothy Conway, Federal Communications Commission, (202) 418–0217 or via internet at DConway@FCC.GOV. Persons wishing to comment on this information collection should contact Timothy Fain, Office of Management and Budget, Room 10214 NEOB, Washington, DC 20503, (202) 395–3561.

OMB Number: 3060–0010.

Title: Ownership Report.

Form No.: FCC 323.

Action: Extension of a currently approved collection.

Respondents: Businesses or other for-profit.

Frequency of Response: Annually.

Estimated Annual Burden: 10,574 annual responses; 7.166 hours burden per response; 75,773 hours total annual burden.

Needs and Uses: Licensees/permitees of commercial broadcast stations are required to file ownership reports (FCC 323). The data is used by FCC personnel to determine if the licensees/permittees are abiding by FCC's multiple ownership rules and are compliance with the transfer of control provisions, the alien ownership restrictions and the CATV-TV cross-ownership prohibitions set fourth in the Communications Act.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 95–10417 Filed 4–27–95; 8:45 am]

BILLING CODE 6712–0I–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 528]

National Institute for Occupational Safety and Health; Cooperative Agreement Program for Prevention Center for Occupational Safety and Health in the Construction Industry

Introduction

The Centers for Disease Control and Prevention (CDC), announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement to support a prevention center for occupational safety and health in the construction industry. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Section 20 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669). Applicable program regulations are found in 42 CFR Part 87—National Institute for Occupational Research and Demonstration Grants.

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private non-profit and for-profit organizations and governments and their agencies. Thus universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- andor women-owned businesses are eligible to apply.

Applicants must have ongoing national activities related to construction workers and must have established linkages to labor unions and employers in construction as demonstrated in operating programs. The applicant organization may subcontract to address certain ''Recipient Activities'' under the Program Requirements section for which the applicant organization does not have expertise or resources. Collaboration in submitting a joint application is strongly encouraged among the different organizations.

Availability of Funds

Approximately $3,300,000 is available in FY 1995 to fund one award. The award is expected to begin on or about August 1, 1995 for a 12-month budget period within a project period of up to five years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

If requested, Federal personnel may be assigned to a project in lieu of a portion of the financial assistance.

Purpose

The purpose of this cooperative agreement is to support a center that demonstrates effective surveillance mechanisms and prevention processes that are efficacious and effective in preventing injuries, disabilities, and diseases associated with work in the construction industry. At least one-third to one-half of the overall effort should be directed at the prevention of work-related musculoskeletal disorders.

Program Requirements

In the area of prevention, there is specific interest in research that evaluates the effectiveness of interventions in preventing construction-related injuries and diseases or reducing their impact. This research might evaluate different approaches to implementing a specific intervention strategy. In addition, there is a need to examine intervention strategies for which evidence of effectiveness is either sparse or unknown. Interventions chosen for evaluation should have a significant potential for reduction in morbidity, mortality, disability, or cost related to construction work. Surveillance is an integral part of prevention effectiveness studies.

Also of interest is research that more accurately defines the cost of construction injuries and diseases as well as the cost or prevention effectiveness of interventions. Cost analysis should be included in the plans, where appropriate, to evaluate an intervention(s). A more complete discussion of methodologies for assessing cost analysis is presented in A Framework for Assessing the Effectiveness of Disease and Injury Prevention (CDC, Morbidity and Mortality Weekly Report, March 27, 1992, Volume 41, Number RR–3, pages 5–11). (To receive information on these reports see the section Where to Obtain Additional Information.)

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop surveillance programs of injuries and diseases (through analysis of medical claims data, workers' compensation data, etc.) among the building trades from which priorities for etiologic research and intervention studies can be determined. Surveillance should be applied to both health and safety status and to associated risk factors and must address unionized, non-unionized, and self-employed construction workers. Particular attention should be given to hazard identification and exposure assessment methodologies for construction workers.

2. Develop and conduct studies to determine long-term health, social and economic consequences of work-related exposures, injuries, musculoskeletal disorders, and related conditions. Prior to conducting a full study, assure that feasibility studies are critically evaluated by an independent review panel with no ties to the awardee. (Methods for these studies may include existing records systems such as case registries.) These studies may be integrated with longitudinal studies of work-related musculoskeletal disorders and should not involve more than 25 percent of the overall effort.

3. Develop and validate prevention effectiveness techniques in reducing or eliminating risk factors in the construction industry and integrating these techniques into continuous improvement and worker participation strategies within the construction process. (Evaluations of the effectiveness of interventions that have proven or obvious efficacy are encouraged.)

4. Provide innovative methods, techniques, and approaches for improving occupational safety and health in construction.

5. Develop and validate exposure assessment tools effective in evaluating exposures of construction workers to hazardous chemicals and substances.

6. Using appropriate exposure assessment methodologies, undertake projects to quantify the extent and magnitude of exposures of construction workers to potentially hazardous substances and chemicals prevalent on construction sites. High priority substances include lead, diesel fumes, particulates and dusts and other prevalent substances.

7. Develop and validate methods to enhance information dissemination of hazards, risk abatement and other health information specific to groups associated with the construction industry. Methods may include innovative training programs/ methods, educational materials, user-friendly software and computerized data, workshops and other relevant methods. Methods should be generalizable to workers in most trades.

8. Develop and validate innovative intervention programs to reduce and prevent occupational noise-induced hearing loss among construction workers. This program may include research to assess barriers to use of hearing protection; demonstration projects to enhance the use of appropriate hearing protection; collaborative studies with tool manufacturers, hearing protection manufacturers, etc.; assessments of the extent of hearing loss among the construction worker community; development/implementation of educational programs, etc.

9. Develop and validate methods to assess the overall impact of lead abatement programs on the health of construction workers.

10. Publish and disseminate findings of studies and projects listed under Program Requirements to individuals involved or interested in the construction industry including, but not limited to, construction workers, labor and management groups, architects, project and design engineers, researchers, etc.

11. Establish collaborative activities with appropriate organizations and agencies, and collaborate with CDC/NIOSH in undertaking surveillance, field, and research investigations in support of the program requirements.

12. Integrate the prevention program within the operational framework of the parent organization.

13. Review technical and scientific merits of proposed intramural projects, including their potential to achieve the stated objectives and the extent to which the plans are consistent with the purpose of the program.

14. Evaluate the extent to which the overall theme and objectives are achieved in regard to progress, efficacy, and effectiveness. Implement a plan for continuously improving the surveillance process that is used for evaluating progress. Meet at least quarterly with CDC/NIOSH to exchange information on activities and collaboration. (These meetings should include the principal investigators of each study conducted under this agreement.)

B. CDC/NIOSH Activities

1. Provide technical assistance through site visits and correspondence in the areas of program development, implementation, maintenance, and priority-setting.

2. Provide for collaborative efforts for appropriate aspects of the program as requested by the grantee.

3. Assist in the reporting of project results to the scientific, public health, labor and industrial communities via presentations, publications in peer-reviewed and technical journals and newsletters, and through other forms of communication.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

1. Background and Need (15%)

The extent to which the applicant presents data justifying need for the program in terms of magnitude of the related injury and disease problem and identifies suitable target populations. The extent to which a description of related current and previous experiences show:

a. Performance in achieving the purpose of cooperative agreements that preceded this announcement.

b. Efficiency of resources and uniqueness of program including the efficient use of existing and proposed personnel with assurances of a major time commitment of the project director to the program and the novelty of the program approach.

c. Training and experience of the program director and staff to accomplish satisfactorily the proposed program.

2. Goals and Objectives (10%)

The extent to which the applicant has included goals and objectives that are relevant to the purpose of the proposal and are achievable during the budget and project periods and the extent to which these are specific and measurable.

3. Methods (30%)

The extent to which the applicant provides a detailed description of proposed activities that are likely to achieve each objective and overall program goals. The extent to which the applicant provides a reasonable and complete schedule for implementing all activities. The extent to which roles of each unit, organization, or agency are described, and coordination and supervision of staff, organizations and agencies involved in activities are delineated.

4. Evaluation (30%)

The extent to which the proposed evaluation system is detailed and will document program process, effectiveness, impact, and outcome and, if applicable, measure surveillance system sensitivity, timeliness, representativeness, predictive value, and ability to detect the impact of specific interventions on morbidity, mortality, severity, disability, and cost of related diseases and injuries. The extent to which the applicant demonstrates potential data sources for evaluation purposes, and documents staff availability, expertise, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results and using evaluation information for programmatic decisions is described.

5. Collaboration (15%)

The extent to which relationships between the program and other organizations are described. If applicable, the extent to which collaborative efforts (if any) and roles are clear and appropriate.

6. Budget and Justification (Not Scored)

The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities.

Executive Order 12372 Review

This program is not subject to review by Executive Order 12372.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by this cooperative agreement will be subject to approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicants must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

The applicants will be responsible for providing assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (OMB Number 0937–0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before June 26, 1995.

1. Deadline: Applications shall be considered as meeting the deadline if they are either: (a) Received on or before the deadline date, or (b) Sent on or before the deadline date and received in

time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where to Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 528. You will be receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie M. Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6546. Programmatic technical assistance may be obtained from Marie Haring Sweeney, Ph.D., National Institute for Occupational Safety and Health, Division of Surveillance, Hazard Evaluation and Field Studies, Centers for Disease Control and Prevention (CDC), Mailstop R–13, Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, OH 45226–1049, telephone (513) 841–4207.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the INTRODUCTION through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Copies of A Framework for Assessing the Effectiveness of Disease and Injury Prevention (CDC, Morbidity and Mortality Weekly Report, March 27, 1992, Volume 41, Number RR–3, pages 5–11) may be obtained by calling (404) 488–4334.

Dated: April 21, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 95–10454 Filed 4–27–95; 8:45 am]

BILLING CODE 4163–19–P

Food and Drug Administration

[Docket No. 95C–0091]

GNT Gesellshaft für Nahrungsmitteltechnologie mbH; Filing of Color Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that GNT Gesellshaft für Nahrungsmitteltechnologie mbH has filed a petition proposing that the color additive regulations be amended to provide for the safe use of dried fruit juice color additive, dried vegetable juice color additive, and vegetable juice color additive prepared by water infusion of the dried vegetable.

FOR FURTHER INFORMATION CONTACT: Aydin Örstan, Center for Food Safety and Applied Nutrition (HFS–217), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3076.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 721(b)(5) (21 U.S.C. 379e(b)(5))), notice is given that a color additive petition (CAP 5C0245) has been filed by GNT Gesellshaft für Nahrungsmitteltechnologie mbH, c/o Burditt & Radzius, Chtd., 333 West Wacker Dr., suite 2600, Chicago, IL 60606–1218. The petition proposes to amend the color additive regulations in § 73.250 *Fruit juice* (21 CFR 73.250) to provide for the safe use of dried fruit juice color additive and in § 73.260 *Vegetable juice* (21 CFR 73.260) to provide for the safe use of dried vegetable juice color additive, and vegetable juice color additive prepared by water infusion of the dried vegetable.

The agency has determined under 21 CFR 25.24(a)(9) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: April 20, 1995.

Alan M. Rulis,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 95–10539 Filed 4–27–95; 8:45 am]

BILLING CODE 4160–01–F

[Docket No. 93N–0418]

United Blood Services Blood Systems, Inc.; Revocation of U.S. License No. 0183–020

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of the establishment license (U.S. License No. 0183–020) and product licenses issued to United Blood Services Blood Systems, Inc. (BSI), for the manufacture of Whole Blood (ACD, CPD, CPDA–1), Red Blood Cells, Red Blood Cells Leukocytes Removed, Plasma, Fresh Frozen Plasma, Cryoprecipitated AHF, Platelets, Platelets Pheresis, and Source Leukocytes. BSI has numerous locations throughout the United States; the licenses have been revoked only at the BSI location at Texarkana, TX. In a letter to FDA dated June 28, 1993, BSI voluntarily requested the revocation of its establishment and product licenses and waived its opportunity for hearing.

DATES: The revocation of the establishment license (U.S. License No. 0183–020) and the product licenses became effective July 23, 1993.

FOR FURTHER INFORMATION CONTACT: Jean M. Olson, Center for Biologics Evaluation and Research (HFM–635), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448, 301–594–3074.

SUPPLEMENTARY INFORMATION: FDA is announcing the revocation of the establishment license (U.S. License No. 0183–020) and the product licenses issued to BSI, 1321 College Dr., Texarkana, TX 75503, for the manufacture of Whole Blood (ACD, CPD, CPDA–1), Red Blood Cells, Red Blood Cells Leukocytes Removed, Plasma, Fresh Frozen Plasma, Cryoprecipitated AHF, Platelets, Platelets Pheresis, and Source Leukocytes. The current mailing address is United Blood Services Blood Systems, Inc., c/o Blood Systems, Inc., 6210 East Oak St., P.O. Box 1867, Scottsdale, AZ 85252. BSI has numerous locations throughout the United States. The licenses were revoked for the Texarkana, TX, location only.