the Commission's Office of Administrative Law Judges in compliance with Rule 61 of the Commission's Rules of Practice and Procedure, 46 CFR 502.61. The hearing shall include oral testimony and cross-examination in the discretion of the Presiding Administrative Law Judge only upon a proper showing that there are genuine issues of material fact that cannot be resolved on the basis of sworn statements, affidavits, depositions, or other documents or that the nature of the matters in issue is such that an oral hearing and cross-examination are necessary for the development of an adequate record;

It is further ordered, That Longrow Shipping Limited is designated Respondent in this proceeding;

It is further ordered, That the Commission's Bureau of Enforcement is designated a party to this proceeding;

It is further ordered, That notice of this Order be published in the Federal Register, and a copy be served on parties of record;

It is further ordered, That other persons having an interest in participating in this proceeding may file petitions for leave to intervene in accordance with Rule 72 of the Commission's Rules of Practice and Procedure, 46 CFR 502.72;

It is further ordered, That all further notices, orders, and/or decisions issued by or on behalf of the Commission in this proceeding, including notice of the time and place of hearing or prehearing conference, shall be served on parties of record;

It is further ordered, That all documents submitted by any party of record in this proceeding shall be directed to the Secretary, Federal Maritime Commission, Washington, D.C. 20573, in accordance with Rule 118 of the Commission's Rules of Practice and Procedure, 46 CFR 502.118, and shall be served on parties of record;

It is further ordered, That in accordance with Rule 61 of the Commission's Rules of Practice and Procedure, the initial decision of the Administrative Law Judge shall be issued by April 16, 1997, and the final decision of the Commission shall be issued by August 14, 1997.

By the Commission.

Joseph C. Polking,

Secretary.

[FR Doc. 96–9873 Filed 4–22–96; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies That are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR part 225) to engage *de novo,* or to acquire or control voting securities or assets of a company that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.25 of Regulation Y (12 CFR 225.25) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act, including whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices'' (12 U.S.C. 1843). Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 14, 1996.

A. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. Boscobel Bancorp, Inc., Boscobel, Wisconsin; to engage *de novo* in making and servicing loans, pursuant to § 225.25(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, April 17, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96–9920 Filed 4–22–96; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 614]

Surveillance of the Complications of Hemophilia

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds to continue a cooperative agreement program to conduct active surveillance for hemophilia A and B (henceforth referred to as hemophilia) and their complications. The international classification of diseases (ICD) code definition of hemophilia A is congenital factor VIII disorder and hemophilia B is congenital factor IX disorder. Applicant's programs must be targeted to individuals with hemophilia who receive their care both within and outside hemophilia treatment centers and comprehensive care centers. Such individuals should include: persons who do not access traditional hemophilia treatment services and may receive inadequate care (and are possibly over-represented by persons who are economically disadvantaged), persons who live in rural areas or inner cities; or, persons who are members of one of four federally recognized minority groups: (1) Black; African-American or Caribbean; (2) Hispanic; Central American, South American, Mexican American, Dominican, Cuban, or Puerto Rican; (3) Asian/Pacific Islander, or (4) American Indian or Alaskan Native.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Diabetes and Chronic Disabling Conditions. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act, as amended

[42 U.S.C. 241(a) and 247b(k)(2)]. Applicable program regulations are found in 42 CFR Part 51b - Project Grants for Preventive Health Services.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote non-use 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

Assistance will be provided only to the official public health agencies of States or their bona fide agents. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments.

The low prevalence of hemophilia limits competition to the official public health agencies of States. This project requires experience in conducting statewide, active surveillance programs for hemophilia, and experience in collaboration with organizations having the ability to reach a wide variety of demographically distinct populations, including traditionally under served populations. Since only State health agencies can perform the required project activities, competition is limited accordingly.

Funding preference will be given to competitive continuation applications of States who have currently established statewide hemophilia surveillance systems (HSS); and, who have demonstrated collaboration between health departments, hemophilia treatment centers, and/or university schools of public health, in hemophilia surveillance activities.

Availability of Funds

Approximately $2,500,000 is available in FY 1996 to fund approximately 6 awards. The average award will be $350,000, ranging from $250,000 to $450,000. It is expected that the funds will be awarded on or about September 30, 1996, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory programmatic progress and the availability of funds.

Purpose

The purpose of the hemophilia cooperative agreement program is to assist recipients in characterizing the statewide epidemiology of hemophilia and its complications, and determining its impact among three populations: (1) Those who access traditional hemophilia treatment and comprehensive care services, (2) those who receive care outside traditional hemophilia care centers, and (3) those who receive inadequate care. The latter population category may be over-represented by persons who are economically disadvantaged, or who live in rural areas, or inner cities. Inadequate care would include less than prompt treatment, treatment from improperly trained personnel, or poor access to comprehensive care. The data collected through a Hemophilia Surveillance System (HSS) can assist hemophilia treatment providers and States in developing, implementing, and evaluating education and prevention programs to reduce the morbidity, mortality, and costs of hemophilia and its complications.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. below, and CDC will be responsible for conducting the activities under B. below:

A. Recipient Activities

All recipients must conduct activities in collaboration and coordination with the CDC.

Required Activities for All Recipients

1. Meet with representatives from CDC to: (a) Assure continuation of optimal surveillance methods, such as the use of standardized HSS protocols and data collection form, and (b) amend previous HSS protocols with any new activities or procedures.

2. Use standard surveillance protocols as a basis to design, implement, and evaluate statewide surveillance programs for adult, adolescent, and pediatric cases of hemophilia and its complications.

3. Update data abstractors, as necessary, in methods of active surveillance, use of the HSS data abstraction form, techniques of reviewing medical records, and other methods of surveillance as appropriate and provided for in the HSS Manual.

4. Maintain appropriate management and evaluation systems that ensure data abstractors conduct active surveillance, and use data collection methods according to the HSS Manual.

5. Maintain secure databases of all reported cases of hemophilia and its complications.

6. Maintain strict policies on protecting the confidentiality of persons with hemophilia, and ensure the security of databases and other records through controlled access to areas with confidential information, database password protection, locking file cabinets, and other security features.

7. Using the standardized format, prepare and submit progress reports on a quarterly basis that address the achievements of HSS activities, program goals and objectives for the previous quarter.

8. Upon request, assist State or regional programs in the use of data to develop or improve hemophilia care programs.

Surveillance of Hemophilia: Specific Required Activities

1. Promote and maintain liaison with potential reporting sources both within and outside of the traditional hemophilia treatment system. These potential reporting sources include, but are not limited to, State or regional hemophilia chapters or associations, hospitals, emergency care centers, hematology clinics, private physicians, organizations that provide home-infusion therapy, distributors of home-infusion factor concentrates, and others.

2. In accordance with HSS protocols, implement active hemophilia surveillance among reporting sources outside of the traditional hemophilia care system, and in the collaborative network of hemophilia treatment centers to determine the statewide prevalence of hemophilia.

3. In accordance with standard HSS protocols, redirect current surveillance activities as indicated through critical review of data and evaluation of yield from various surveillance activities. Initiate additional methods of surveillance for hemophilia, as appropriate.

4. Augment surveillance through the use of at least one alternate database (e.g., death certificates, State hospital-discharge summaries, State reimbursement programs). Document these methods, results, and if appropriate, the redirection of surveillance activities in the quarterly progress report.

5. Through death certificate review and active surveillance, collect data on deaths attributed to hemophilia to calculate State hemophilia-specific mortality rates. Collect epidemiologic data that could be used to determine the sensitivity of death certificates in

documenting deaths attributed to hemophilia.

6. Collect Universal Data Collection (UDC) forms from designated hemophilia treatment centers, and enter into the CDC-provided UDC software for transmission to the CDC on a regular basis. Document this activity in the quarterly progress report.

Surveillance of Hemophilia-Related Complications: Specific Required Activities

1. Through medical record review or other methods proposed by the applicant, describe the source, frequency, and type of preventive and medical care among persons with hemophilia, and determine the prevalence of the following hemophilia-related complications:

Joint disease
Liver disease
Inhibitors
HIV/AIDS
Blood-borne infections

Sampling methods, if used, will be developed in collaboration with CDC to insure sufficient representation of persons of different race/ethnicity, age, HIV status, severity of hemophilia, and source of care.

2. Conduct longitudinal follow-up of persons with hemophilia-related joint disease to relate the source, frequency, and type of preventive and medical care to health outcome (e.g., severity of joint disease, degree of disability). In addition to joint disease, applicants are encouraged to propose and conduct longitudinal follow-up of persons with other hemophilia-related complications.

B. CDC Activities

1. Provide programmatic consultation, scientific and technical assistance in planning, implementing, and evaluating hemophilia surveillance activities. Assistance includes the implementation of standardized HSS protocols, and the use of the HSS data abstraction form, progress report forms, and HSS database software.

2. Plan, coordinate, and facilitate periodic meetings with recipients to exchange operational experiences, and to provide consultation and assistance in the modification of standard surveillance protocols as needed.

3. Provide programmatic coordination of surveillance initiatives among the recipients.

4. Assist with the analysis and reporting of aggregate surveillance data collected from funded initiatives by coordinating and consolidating the transfer of tabulated data, analyses, and conclusions from the recipients.

5. Assist National, State, or regional programs in the use of data to develop or improve hemophilia care programs.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria: (Total 100 points)

A. Capacity

1. The capacity of the applicant to access the medical records of hemophilia patients who receive care both within and outside of the traditional hemophilia treatment system. The capacity to access these records is measured by (a) the extent that the applicant incorporates shared responsibility between hemophilia treatment centers and State health departments as delineated in letters of agreement, and (b) the extent of collaboration among these entities and with other organizations involved in the delivery of care to persons with hemophilia. (25 points)

2. The scope and magnitude of previous cooperative efforts between regional or State hemophilia treatment centers and State or local health departments that propose to collaborate in this application. (5 points)

3. The allocation of time, number, and qualifications of proposed staff to meet stated objectives and goals, and the availability of facilities to be used during the project period. (5 points)

B. Goals and Objectives

The extent to which the applicant's proposed goals and objectives meet the required activities specified under Program Requirements section A. *Recipient Activities* of this announcement, and that are measurable, specific, time-phased, and realistic. (20 points)

C. Methods and Activities

1. The quality of the applicant's plan for conducting program activities and the extent to which surveillance methods proposed are: (a) Appropriate to accomplish stated goals and objectives; (b) adaptable to a variety of health care settings, multiple complications of hemophilia, and the collection of longitudinal data; (c) accurate to produce valid and reliable data, and (d) feasible within programmatic and fiscal restrictions. (25 points)

2. The applicant's documented ability to (a) identify optimal surveillance methods, (b) develop standardized HSS protocols, HSS data collection instruments, progress report forms, and HSS database software, (c) modify proposed methods and activities to conform to standardized protocols, and (d) ensure that women and racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. (10 points)

D. Program Management and Evaluation

The extent to which the proposed management system, including the type, frequency, and methods of evaluation, will be used to assure valid and reliable data. (10 points)

E. Budget

The extent to which the budget is reasonable and consistent with the intended use of the cooperative agreement funds. (not scored)

F. Human Subjects Research

Whether or not exempt from DHHS regulations, are the procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate and there are no comments to make or concerns to raise, or (2) protections appear adequate, but there are comments regarding the protocol, or (3) protections appear inadequate and the objective review group (ORG) has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable. (not scored)

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372, which sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their state Single Point of Contact (SPOC) early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. Indian tribes are strongly encouraged to request tribal government review of the approved application. A current list of SPOCs is included in the application kit. If SPOCs (or tribal governments) have any State (or tribal) process recommendations on applications submitted to CDC, they should reference this announcement number (614) and forward recommendations to Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers

for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, no later than 60 days after the application deadline date. CDC does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirement

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

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283, Centers for Disease Control and Prevention (CDC)—Investigations and Technical Assistance.

Other Requirements

Paperwork Reduction Act

Projects that involve collection of information from 10 or more individuals and funded by cooperative agreements will be subject to review 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 applicant 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 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 applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and forms provided in the application kit.

Confidentiality

All information obtained in connection with this surveillance program shall not, without such individual's consent, be disclosed except as may be necessary to provide services to him or her or as may be required by a law of a State or political subdivision of a State. Information derived from any such program may be disclosed: (1) in summary, statistical, or other form, or (2) for clinical or research purposes, but only if the identity of the individual under such program is not disclosed.

HIV/AIDS Requirement

Recipients must comply with the document entitled ''Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions'' (June 1992), a copy of which is included in the application kit. To meet the requirements for a program review panel, recipients are encouraged to use an existing program review panel such as the one created by the State health department's HIV/AIDS prevention program. If the recipient forms its own program review panel, at least one member must be an employee (or a designated representative) of a government health department consistent with the content guidelines. The names of the review panel members must be listed on the Assurance of Compliance form CDC 0.1113, which is also included in the application kit. The recipient must submit the program review panel's report that indicates all materials have been reviewed and approved, including conference agendas.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the Federal Register, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947–47951.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB number 0937–0189) must be submitted to Sharron Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–18, Atlanta, Georgia 30305, on or before June 24, 1996.

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. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. *Late Applications:* Applications which 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 applicant.

Where To Obtain Additional Information

A complete program description and information on application procedures are contained in the application package. Business management assistance may be obtained from Locke Thompson, 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–18, Atlanta, Georgia 30305, telephone (404) 842–6595, or by Internet or CDC WONDER electronic mail at LXT1@OPSPGO1.EM.CDC.GOV. Programmatic technical assistance may be obtained from Robert Cicatello, Public Health Advisor, telephone (404) 639–4034, or by Internet or CDC WONDER electronic mail at RAC3@CIDDAS1.EM.CDC.GOV, Hematologic Diseases Branch, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop D–02, Atlanta, Georgia 30333.

Please refer to Announcement Number 614 when requesting information and submitting an application.

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.

Dated: April 17, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–9936 Filed 4–22–96; 8:45 am]

BILLING CODE 4163–18–P

Food and Drug Administration

[Docket No. 96N–0066]

Agency Information Collection Activities: Proposed Collection; Comment Request; Extension

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995, Federal agencies are required to publish a notice in the Federal Register concerning each proposed collection of information, including each proposed extension of an existing collection of information, and allow 60 days for public comment in response to the notice. This notice solicits comments on reporting and recordkeeping requirements implementing the Federal Import Milk Act.

DATES: Submit written comments on the collections of information by June 24, 1996.

ADDRESSES: Submit written comments on the collections of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Charity B. Smith, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–19, Rockville, MD 20857, 301–827–1686.

SUPPLEMENTARY INFORMATION: Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each proposed extension of an existing collection of information. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c). To comply with this requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Part 1210 *Regulations Under the Federal Import Milk Act* (21 CFR Part 1210) (OMB Control Number 0910–0212—Extension)

Under the regulations implementing the Federal Import Milk Act (21 U.S.C. 141–149), milk or cream may be imported into the United States only by the holder of a valid import milk permit. Before such permit is issued: (1) All cows from which import milk or cream is produced must be physically examined and found healthy; (2) if the milk or cream is imported raw, all such cows must pass a tuberculin test; (3) the dairy farm and each plant in which the milk or cream is processed or handled must be inspected and found to meet certain sanitary requirements; (4) bacterial counts of the milk at the time of importation must not exceed specified limits; and (5) the temperature of the milk or cream at time of importation must not exceed 50 °F. In addition, the regulations require that dairy farmers and plants maintain pasteurization records (§ 1210.15) and that each container of milk or cream imported into the United States bear a tag with the product type, permit number, and shipper's name and address (§ 1210.22).

FDA estimates the burden of complying with the information collection provisions of these regulations as follows:

Estimated Annual Reporting Burden

Form No.	21 CFR Section	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
FDA 1815/Permits granted on certificates	1210.23	1	1	1	0.5	0.5
FDA 1993/Application of permit	1210.20	1	1	1	0.5	0.5
FDA 1994/Tuberculin test	1210.13	0	0	0	N/A	0
FDA 1995/Physical examination of cows	1210.12	0	0	0	N/A	0
FDA 1996/Sanitary inspection of dairy farms	1210.11	1	300	300	1.5	450
FDA 1997/Sanitary inspections of plants	1210.14	1	1	1	2.0	2.0
Total						453

Estimated Annual Recordkeeping Burden

21 CFR Section	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records	Hours per Recordkeeper	Total Hours
21 CFR 1210.15	1	1	1	.05	0.05

There are no capital or operating and maintenance costs associated with this collection.