stores. NIOSH will obtain much higher quality information on the value of back belts in prevention of injuries in the workplace than is currently available, and the Institute will be able to make scientifically justified recommendations regarding their use of personal protective equipment to industry and the public.

Workers will respond to questions concerning job history, physical activity, smoking history, history of injury and back pain, psychosocial variables in the workplace, tasks performed on the job. Only data necessary for the purposes of this study will be collected, and the questionnaires will be group administered at the workplace.

Respondents	Number of respondents	Number of responses/respondent	Average burden/responses (in hours)
Telephone			
Interview I	2700	4	0.42
Interview II	2700	3	.42
Interview III	2250	2	.42
Interview IV	350	1	.42

The total burden hours is 9975. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–11597 Filed 5–8–96; 8:45 am]

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[INFO–96–16]

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 the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Importation and Shipment of Etiologic Agents—(0920–0199)—Revision—The Antiterrorism and Effective Death Penalty Act of 1996 (Public Law 104–132) authorizes the Secretary of Health and Human Services (HHS) to regulate the transfer of certain infectious agents harmful to humans. The Centers for Disease Control and Prevention (CDC) is the agency within the Department responsible for promulgating regulations. CDC is proposing a rule designed to ensure that select infectious agents are not shipped to parties not equipped to handle them appropriately, or who do not have legitimate reasons to use them and to implement a system whereby scientists and researchers involved in legitimate research may continue transferring and receiving these agents without undue burdens. Respondents include laboratory facilities such as those operated by government agencies, universities, research institutions, and commercial entities.

Those facilities requesting select infectious agents listed in the regulation must register with the Secretary of HHS, or with registering entities authorized by the Secretary, as capable and equipped to handle the select infectious agents in accordance with guidelines developed by CDC, the National Institutes for Health (NIH) and the Department of Defense.

Once registered, facilities must complete a federally-developed form, CDC Form EA–101, for each transfer of the agent. Information on this form will include the name of the requestor and requesting facility, the name of the transferor and transferring facility, the name of the responsible facility official for the transferor and requestor, the requesting facility's registration number, the transferring facility's registration number, the name of the agent(s) being shipped, and the proposed use of the agent. The package is being revised to include burden for laboratories to register with the Secretary. The total cost to respondents is estimated at $14,490.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total Burden (in hrs.)
Laboratory	100	16	.36	576
Shippers	20	45	.97	873
Total	.....	.....	.....	1,449

2. 1997 National Health Interview Survey, Basic Module—(0920–0214)—Revision—The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the

sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2,000.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign which was tested and partially implemented in 1996. Improved information technology was included, especially computer assisted personal interviewing (CAPI). This clearance is for the first full year of data collection using the redesigned NHIS data system. This data collection, planned for January-December 1997, will result in publication of new national estimates of health statistics and release of public use micro data files. The new data system is expected to be in the field for at least 10 years. The total cost to respondents is estimated at $697,500.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total Burden (in hrs.)
Family	42,000	1	0.5	21,000
Sample adult	42,000	1	0.5	21,000
Sample child	18,000	1	0.25	4,500
Total	.....	.....	.....	46,500

3. National Coal Workers' Autopsy Study Consent Release and History Form—(0920–0021)—Revision—Under the Federal Coal Mine Health & Safety Act of 1977, PL91–173 (amended the Federal Coal Mine & Safety Act of 1969), the Public Health Service has developed a nationwide autopsy program (NCWAS) for underground coal miners. The Consent Release and History Form is primarily used to obtain written authorization from the next-of-kin to perform an autopsy on the deceased miner. The study is a service program to aid surviving relatives in establishing eligibility for black lung compensation. Because a basic reason for the post-mortem exam is research (both epidemiological and clinical), included are a minimum of essential information regarding the deceased miner, his occupational history, and his smoking history. The data collected will be used by the staff at NIOSH for research purposes in defining the diagnostic criteria for coal workers' pneumoconiosis (black lung) and will be correlated with pathologic changes and x-ray findings. The total cost to respondents is estimated at $1,250.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total Burden (in hrs.)
Pathologist.				
Invoice	300	1	.05	25
Report	300	1	.05	25
Next-of-Kin	300	1	.15	75
Total	.....	.....	.....	125

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–11598 Filed 5–8–96; 8:45 am]

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Administration for Children and Families

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: April 1996

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice.

SUMMARY: This notice lists new proposals for welfare reform and combined welfare reform/Medicaid demonstration projects submitted to the Department of Health and Human Services for the month of April, 1996. It includes both those proposals being considered under the standard waiver process and those being considered under the 30 day process. Federal approval for the proposals has been requested pursuant to section 1115 of the Social Security Act. This notice also lists proposals that were previously submitted and are still pending a decision and projects that have been approved since April 1, 1995. The Health Care Financing Administration is publishing a separate notice for Medicaid only demonstration projects.

Comments: We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove new proposals under the standard application process for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: For specific information or questions on the content of a project contact the State contact listed for that project.