

assessments was published in the **Federal Register** on September 17, 1999 [64 FR 50514]. This announcement is the responsibility of ATSDR under the regulation, Public Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities [42 CFR Part 90]. This rule sets forth ATSDR's procedures for the conduct of public health assessments under section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) [42 U.S.C. 9604(i)].

#### Availability

The completed public health assessments and addenda are available for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 33, Executive Park Drive, Atlanta, Georgia (not a mailing address), between 8:00 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (703) 605-6000. NTIS charges for copies of public health assessments and addenda. The NTIS order numbers are listed in parentheses following the site names.

#### Public Health Assessments Completed or Issued

Between July 1 and September 30, 1999, public health assessments were issued for the sites listed below:

##### *NPL Sites*

##### California

Barstow Marine Corps Logistics Base (a/k/a Marine Corps Logistics Base Barstow)—Barstow—(PB20-101181)

Jet Propulsion Laboratory (NASA)—Pasadena—(PB99-167470)

##### Florida

Florida Petroleum Reprocessors—Davie—(PB99-167074)

Shuron Incorporated—Barnwell—(PB99-176943)

Soliton Microwave—Port Salerno—(PB99-172801)

Stauffer Chemical (Tarpon Springs)—Tarpon Springs—(Addendum)—(PB99-160400)

##### Georgia

Clark Road Municipal Solid Waste Landfill—Waynesboro—(PB99-176968)

##### Illinois

Adams County Quincy Landfills 2 & 3—Quincy—(PB20-100214)

Matthiessen and Hegler Zinc Company—La Salle—(PB20-100214)

##### Iowa

Farmer's Mutual Cooperative—Hospers—(PB20-100502)

##### Massachusetts

GAF Materials Corporation—Millis—(PB99-171811)

South Weymouth Naval Air Station—South Weymouth—(PB20-100928)

##### Minnesota

Naval Industrial Reserve Ordnance Plant—Fridley—(PB20-100940)

##### Missouri

Newton County Wells (a/k/a Silver Creek TCE)—Joplin—(PB99-166324)

Wheeling Disposal Service Company Landfill—Amazonia—(PB169955)

##### New Hampshire

Pease Air Force Base—Portsmouth—(PB20-100939)

##### New Jersey

Zschiegner Refining—Howell Township—(PB99-157000)

##### Texas

Jasper Creosoting Company Incorporated—Jasper—(PB20-100691)

Longhorn Army Ammunition Plant—Karnack—(PB99-171860)

Rockwood Industries—Belton—(PB99-171829)

State Marine of Port Arthur—Port Arthur—(PB-171878)

##### *Non NPL Petitioned Sites*

##### New York

Metro Gas Station—Flanders—(PB99-171886)

##### Virginia

Oldover Corporation (a/k/a Virginia Solite)—Cascade—(PB20-100503)

Dated: January 5, 2000.

##### Georgi Jones,

*Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-05-00]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

#### Proposed Project

1. National Disease Surveillance Program—II. Disease Summaries (0920-0004)—Reinstatement—National Center for Infectious Diseases (NCID), National Disease Surveillance Program. Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC Surveillance program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

Data on disease and preventable conditions are collected in accordance with jointly approved plans by CDC and the Council of State and Territorial Epidemiologists (CSTE). Changes in the surveillance program and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC on variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report

(MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Influenza Virus, Respiratory and Enterovirus, Arboviral Encephalitis, Rabies, Salmonella, Campylobacter, Shigella,

Foodborne Outbreaks, Waterborne Outbreaks, and Enteric Virus. This request is for extension of the data collection for three years with minor revisions.

These data are essential on the Local, State, and Federal levels for measuring

trends in diseases, evaluating the effectiveness of current preventive strategies, and determining the need for modifying current preventive measures. The total annual burden hours are 2647.

Respondents	Number of respondents	Number of responses/ respondent	Average burden of response (in hrs.)
State and Local Health Officials in 50 states/territories .....	864	28	.25

Dated: January 5, 2000.

**Nancy Cheal,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-10-00]

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#### Proposed Project

1. Studies Safety for Workers' Eyes: Testing the Effectiveness of Theoretically-Based Eye Injury Prevention Messages—NEW—National Institute for Occupational Safety and Health (NIOSH)—Despite evidence that at least 90% of workplace eye injuries are preventable, safety eye wear use among workers is disappointingly low. According to the National Institute for Occupational Safety and Health (NIOSH) and results from the 1988 National Health Interview Survey Occupation Health Supplement, more than 600,000 occupational eye injuries occur annually. Sixteen percent of eye injuries occur among construction with carpenters being at particular risk given the nature of their work.

Research has been conducted on the nature and extent of eye injuries among workers, but few studies have explored the behavioral aspects of the use of safety eye wear. To date, no one has used behavioral theory to examine the use of safety eye wear among union carpenters or develop a program that would increase safety eye wear use.

The goals of this investigation are to: (1) estimate the number of carpenters who are currently wearing protective eye wear by direct observation and pre-intervention survey in the study sample; (2) develop an eye wear safety

promotion campaign geared toward carpenters, their first-line supervisors, and contractors based on results from focus groups and using the theory of planned behavior; (3) increase the use of protective eye wear among carpenters by administering the eye safety messages to carpenters, their first-line supervisors, and contractors; and (4) determine the effectiveness of the messages by comparing the use of safety eye wear among carpenters before and after the campaign by direct observation, post-intervention survey, and focus groups.

The pre- and post-intervention survey instruments will assess carpenters' use of eye wear before and after the health communication message. In addition, based on the theory of planned behavior, the questionnaire will address workers behavioral intentions, attitudes, subjective norms, and perceived behavioral control.

Using a quasi-experimental design, the data collected in this study will assess the effectiveness of theory-based messages to increase the use of safety eye wear when compared to a control group. This information will provide public health investigators as well as carpenter safety officers with a theory-driven effective eye injury prevention program and the tools to implement it. The total annual burden hours is 0.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs.)
Carpenters .....	150	2	.33