

Restore Trust (ORT) grantees. The mission of the Administration on Aging's ORT initiatives is to fight fraud, waste, and abuse in the Medicare and Medicaid programs. As part of a nationwide partnership of public and private agencies and organizations, AoA funds grants through two mechanisms, the Health Insurance Portability and Accountability Act (HIPPA) (Pub. L. 104-191) and the Health Care Anti-fraud Waste and Abuse Community Volunteer Demonstration Program contained in the Omnibus Consolidated Appropriation Act of 1997. These two sets of projects provide education, training, outreach, and other services to build community coalitions, promote awareness, and stimulate action on the

part of staff, volunteers, and beneficiaries to identify and report potential cases of inappropriate billing and other improper activity in the nation's publicly financed health insurance programs.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the performance of the functions of the agency, including whether the information shall have practical utility; the accuracy of the agency's estimate of the burden of the proposed collection of information; 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 or other forms of information technology. Data will be from all of the AoA funded sites receiving funding in Fiscal Year 1999 and later years where program outcomes are to be assessed on semi-annual basis. The analysis of the data also will help to determine whether the goal of reducing health care waste, fraud, and abuse is being achieved.

The primary purpose of the proposed data collection activity is to meet the reporting requirements of the Government Performance Review Act (GPRA) (Pub. L. 103-62) by allowing AoA to quantify the effects and accomplishments of ORT programs.

	Number of clients	Responses/client	Hours/response	Annual burden hours	Annual burden cost
Semi-annual reporting form .....	30	2	1	60	\$1800
Staff Interview .....	30	1	1	30	900
Trainee Interview .....	100	1	.5	50	1500
Total .....	160	.....	.....	140	4200

To request more information concerning the proposed projects, or to obtain a copy of the information collection plans, call Kenton Williams (202) 619-3951. Written comments may be sent to Kenton Williams, Room 4730 Wilber Cohen Building, 330 Independence Avenue, SW., Washington, DC 20201.

Written comments should be received within 60 days of this notice.

**June B. Faris,**

*Acting Director, Executive Secretariate, Administration on Aging.*

[FR Doc. 98-34067 Filed 12-23-98; 8:45 am]

BILLING CODE 4150-04-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 98N-1110]

#### Agency Information Collection Activities: Proposed Collection; Comment Request; CGMP Regulations for Finished Pharmaceuticals

**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 (the

PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection provisions relating to the regulation of FDA's current good manufacturing practices (CGMP's) and related regulations for finished pharmaceuticals.

**DATES:** Submit written comments on the collection of information by February 22, 1999.

**ADDRESSES:** Submit written comments on the collection of information to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Karen L. Nelson, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1482.

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined

in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (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 reinstatement of an existing collection of information, before submitting the collection to OMB for approval. 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.

**CGMP Regulations for Finished Pharmaceuticals—Parts 210 and 211 (21 CFR Parts 210 and 211) (OMB Control Number 0910-0139)—Reinstatement**

Under section 501(a)(2)(B) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 351(a)(2)(B)), a drug is deemed to be adulterated if the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with CGMP's to ensure that such drug meets the requirements of the act as to safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess.

FDA has the authority under section 701(a) of the act (21 U.S.C. 371(a)) to issue regulations for the efficient enforcement of the act regarding CGMP procedures for manufacturing, processing, and holding drugs and drug products. The CGMP regulations help ensure that drug products meet the statutory requirements for safety and have their purported or represented identity, strength, quality, and purity characteristics. The information collection requirements in the CGMP regulations provide FDA with the necessary information to perform its duty to protect public health and safety.

Although CGMP must be current in the industry, a practice need not be widely prevalent providing such practice is both feasible and valuable in ensuring drug quality. CGMP requirements establish accountability in the manufacturing and processing of drug products, provide for meaningful FDA inspections, and enable manufacturers to improve the quality of drug products over time. The recordkeeping requirements also serve preventive and remedial purposes and provide crucial information if it is necessary to recall a drug product.

The general requirements for recordkeeping under part 211 (21 CFR part 211) are set forth in § 211.180. Any production, control, or distribution record associated with a batch and required to be maintained in compliance with part 211 must be retained for at least 1 year after the expiration date of the batch and, for certain OTC drugs, 3 years after distribution of the batch (§ 211.180(a)). Records for all components, drug product containers, closures, and labeling are required to be maintained for at least 1 year after the expiration date and 3 years for certain OTC products (§ 211.180(b)).

All part 211 records must be readily available for authorized inspections during the retention period (§ 211.180(c)), and such records may be retained either as original records or as true copies (§ 211.180(d)). In addition, 21 CFR 11.2(a) provides that "For records required to be maintained but not submitted to the agency, persons may use electronic records in lieu of paper records or electronic signatures in lieu of traditional signatures, in whole or in part, provided that the requirements of this part are met." To the extent this electronic option is used, the burden of maintaining paper records should be substantially reduced as should any review of such records.

In order to facilitate improvements and corrective actions, records must be maintained so that data can be used for evaluating, at least annually, the quality standards of each drug product to determine the need for changes in drug product specifications or manufacturing or control procedures (§ 211.180(e)). Written procedures for these evaluations are to be established and include provisions for a review of a representative number of batches and, where applicable, records associated with the batch, and provisions for a review of complaints, recalls, returned or salvaged drug products, and investigations conducted under § 211.192 for each drug product.

Written procedures, referred to here as standard operating procedures (SOP's), are required for many part 211 records. The current SOP requirements were initially provided in a final rule published in the **Federal Register** of September 29, 1978 (43 FR 45014), and are now an integral and familiar part of the drug manufacturing process. The major paperwork impact of SOP's results from their creation. Thereafter, SOP's need to be periodically updated. A combined estimate is provided below for routine maintenance of SOP's. Estimates for specific recordkeeping requirements are listed individually.

The 25 SOP provisions under part 211 in the combined maintenance estimate include: (1) § 211.22(d) (responsibilities and procedures of the quality control unit); (2) § 211.56(b) (sanitation procedures); (3) § 211.56(c) (use of suitable rodenticides, insecticides, fungicides, fumigating agents, and cleaning and sanitizing agents); (4) § 211.67(b) (cleaning and maintenance of equipment); (5) § 211.68(a) (proper performance of automatic, mechanical, and electronic equipment); (6) § 211.80(a) (receipt, identification, storage, handling, sampling, testing, approval or rejection of components and drug product containers or closures); (7)

§ 211.94(d) (standards or specifications, methods of testing, and methods of cleaning, sterilizing, and processing to remove pyrogenic properties for drug product containers and closures); (8) § 211.100(a) (production and process control); (9) § 211.110(a) (sampling and testing of in-process materials and drug products); (10) § 211.113(a) (prevention of objectionable microorganisms in drug products not required to be sterile); (11) § 211.113(b) (prevention of microbiological contamination of drug products purporting to be sterile, including validation of any sterilization process); (12) § 211.115(a) (system for reprocessing batches that do not conform to standards or specifications, to insure that reprocessed batches conform with all established standards, specifications, and characteristics); (13) § 211.122(a) (receipt, identification, storage, handling, sampling, examination and/or testing of labeling and packaging materials); (14) § 211.125(f) (control procedures for the issuance of labeling); (15) § 211.130 (packaging and label operations, prevention of mixup and cross contamination, identification and handling of filed drug product containers that are set aside and held in unlabeled condition, identification of the drug product with a lot or control number that permits determination of the history of the manufacture and control of the batch); (16) § 211.142 (warehousing); (17) § 211.150 (distribution of drug products); (18) § 211.160 (laboratory controls); (19) § 211.165(c) (testing and release for distribution); (20) § 211.166(a) (stability testing); (21) § 211.167 (special testing requirements); (22) § 211.180(f) (notification of responsible officials of investigations, recalls, reports of inspectional observations, and any regulatory actions relating to good manufacturing practice); (23) § 211.198(a) (written and oral complaint procedures, including quality control unit review of any complaint involving specifications failures, and serious and unexpected adverse drug experiences); (24) § 211.204 (holding, testing, and reprocessing of returned drug products); and (25) § 211.208 (drug product salvaging).

The following burden estimates for routine maintenance and for specific recordkeeping requirements are based on FDA's institutional experience regarding creation and review of such procedures and similar recordkeeping requirements, and data provided by the Eastern Research Group (ERG) which is a consulting group hired by the FDA economics staff to prepare an economic

analysis of the potential economic impact of the May 3, 1996 (61 FR 20104), proposed rule. ERG prepared a report for FDA that estimated the recordkeeping burden for the proposed rule entitled "Current Good Manufacturing Practice: Amendment of Certain Requirements for Finished Pharmaceuticals" (61 FR 20104). This report provided information on the current number of establishments affected by FDA recordkeeping requirements and FDA has relied on these figures to estimate the number of establishments affected by part 211 recordkeeping provisions. ERG estimated that there are 1,077 establishments involved in pharmaceutical preparations, diagnostic substances, and biological products; 948

repackers or relabelers; and 2,159 medical gas establishments for a total estimate of 4,184 recordkeepers subject to CGMP recordkeeping requirements. ERG used a variety of sources to obtain its estimates including reports from the Department of Commerce and FDA registration files. The ERG report is available at the Dockets Management Branch (address above) under Docket No. 95N-0362.

ERG also provided estimates on the burden involved in creating SOP's. While most of the CGMP provisions covered in this document were created many years ago, there will be some existing firms expanding into new manufacturing areas and start-up firms that will need to create SOP's. FDA is assuming that approximately 100 firms

will have to create up to 25 SOP's for a total of 2,500 records, and the agency estimates that it will take 20 hours per recordkeeper to create 25 new SOP's for a total of 50,000 hours as a one-time burden. Annual SOP maintenance is estimated to involve 1 hour annually per SOP, totaling 25 hours annually per recordkeeper.

The proposed rule revising part 211 CGMP requirements of May 3, 1996, would require additional SOP's. Cost estimates for those additional SOP's were included in the proposed rule, but are not included here. Any comments on those estimates will be evaluated in any final rule based on that proposal.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL RECORDKEEPING BURDEN<sup>1</sup>

21 CFR Section	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records	Hours per Recordkeeper	Total Hours
SOP Maintenance (See previous list of 25 SOP's)	4,184	1	4,184	25	104,600
One-time Burden (New Start-up SOP's) <sup>2</sup>	100	25	2,500	20	50,000
211.34	4,184	.25	1,046	.5	523
211.67(c)	4,184	50	209,200	.25	52,300
211.68	4,184	2	8,368	1	8,368
211.68(a)	4,184	10	41,840	.5	20,920
211.68(b)	4,184	5	20,920	.25	5,230
211.72	4,184	.25	1,046	1	1,046
211.80(d)	4,184	.25	1,046	.1	105
211.100(b)	4,184	3	12,552	2	25,104
211.105(b)	4,184	.25	1,046	.25	262
211.122(c)	4,184	50	209,200	.25	52,300
211.130(e)	4,184	50	209,200	.25	52,300
211.132(c)	1,698	20	33,960	.5	16,980
211.132(d)	1,698	.2	340	.5	170
211.137	4,184	5	20,920	.5	10,460
211.160(a)	4,184	2	8,368	1	8,368
211.165(e)	4,184	1	4,184	1	4,184
211.166(c)	4,184	2	8,368	.5	4,184
211.173	1,077	1	1,077	.25	269
211.180(e)	4,184	.2	837	.25	209
211.180(f)	4,184	.2	837	1	837
211.182	4,184	2	8,368	.25	2,092
211.184	4,184	3	12,552	.5	6,276
211.188	4,184	25	104,600	2	209,200
211.186	4,184	10	41,840	2	83,680
211.192	4,184	2	8,368	1	8,368
211.194	4,184	25	104,600	.5	52,300
211.196	4,184	25	104,600	.25	26,150
211.198	4,184	5	20,920	1	20,920
211.204	4,184	10	41,840	.5	20,920
Total					848,625

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

<sup>2</sup> This is a one-time burden.

Dated: December 15, 1998

**William K. Hubbard,**

*Associate Commissioner for Policy  
Coordination.*

[FR Doc. 98-34114 Filed 12-23-98; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 97N-0260]

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; Customer/ Partner Satisfaction Surveys

**AGENCY:** Food and Drug Administration,  
HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

**DATES:** Submit written comments on the collection of information by January 25, 1999.

**ADDRESSES:** Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Desk Officer for FDA.

**FOR FURTHER INFORMATION CONTACT:** JonnaLynn P. Capezzuto, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4659.

**SUPPLEMENTARY INFORMATION:** In compliance with section 3507 of the PRA (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance.

#### Customer/Partner Satisfaction Surveys (OMB Control Number 0910-0360— Extension)

Under section 903 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 393), FDA is authorized to conduct research relating to regulated articles and to conduct educational and public information programs relating to responsibilities of the agency. Executive Order 12862, entitled "Setting Customer Service Standards," directs Federal agencies that "provide significant

services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services." FDA is seeking OMB clearance to conduct a series of surveys to implement Executive Order 12862. Participation in the surveys will be voluntary. This request covers customer service surveys of regulated entities, such as: Food processors; cosmetic, drug, biologic and medical device manufacturers; consumers; and health professionals. The request also covers partner surveys of State and local governments. FDA will use the information gathered from these surveys to identify strengths and weaknesses in service to customers/partners and to make improvements. The surveys will assess timeliness, appropriateness, accuracy of information, courtesy, and problem resolution in the context of individual programs. FDA projects 14 customer/partner service surveys per year, with a sample of between 50 and 6,000 customers each. Some of these surveys will be repeats of earlier surveys, for purposes of monitoring customer/partner service and developing long-term data.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN<sup>1</sup>

Type of Survey	No. of Respondents	Annual Frequency per Response	Hours per Response	Total Hours
Mail/telephone surveys	20,000	1	.30	6,000
Total				6,000

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

These estimates are based on the number of customer/partner service surveys FDA has conducted since January 26, 1998.

Dated: December 15, 1998.

**William K. Hubbard,**

*Associate Commissioner for Policy  
Coordination.*

[FR Doc. 98-34111 Filed 12-23-98; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 92F-0443]

#### Dow Corning Corp.; Filing of Food Additive Petition; Amendment

**AGENCY:** Food and Drug Administration,  
HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is amending the filing notice for a food additive petition filed by Dow Corning Corp. to indicate that the petitioner has also proposed that the food additive regulations be amended to provide for the safe use of 1,2-dibromo-2,4-dicyanobutane as an antimicrobial agent in the manufacture of dimethylpolysiloxane coatings produced by cross-linking a vinyl-containing dimethylpolysiloxane with methylhydrogen-containing polysiloxane and dimethylmethylhydrogen polysiloxane polymers using a platinum catalyst.

**FOR FURTHER INFORMATION CONTACT:** Julius Smith, Center for Food Safety and Applied Nutrition (HFS-215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3091.

**SUPPLEMENTARY INFORMATION:** In a notice published in the **Federal Register** of February 12, 1993 (58 FR 8290), FDA announced that a petition (FAP 3B4346) had been filed by Dow Corning Corp., P.O. Box 994, Midland, MI 48686-0994. The petition proposed to amend § 175.300 *Resinous and polymeric coatings* (21 CFR 175.300), § 175.320 *Resinous and polymeric coatings for polyolefin films* (21 CFR 175.320), and § 176.170 *Components of paper and paperboard in contact with aqueous and fatty foods* (21 CFR 176.170) to provide for the safe use of dimethylpolysiloxane coatings produced by cross-linking a vinyl-containing dimethylpolysiloxane with methylhydrogen-containing polysiloxane and dimethylmethylhydrogen polysiloxane polymers using a platinum catalyst. The petition also proposed that the food additive regulations be amended to