

jarring/jolting-related injuries. Questions will be asked of survey participants regarding health and work history with respect to farm equipment operation. The specific data will include risk factors (both on and off the job) and outcome (the prevalence of symptoms in various body parts). The National Education Center for Agricultural Safety

(NECAS) will assist in administering the questionnaire to survey participants at the American Farm Bureau Federation Annual Meeting in Tampa, FL, in January 19–20, 2003. Since the conference is well attended, researchers expect 10–12 percent of the meeting attendees to participate in the study. Respondents will complete the survey

questionnaire that includes 80 questions. Based on prior experience with a similar questionnaire, the anticipated time for a participant to complete the questionnaire is 20 minutes or less. There will be no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)	Total burden (in hours)
Attendees at the American Farm Bureau Federation's Annual Meeting .....	600	1	20/60	200
Total .....				200

Dated: September 17, 2002.

**Nancy E. Cheal,**

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

[FR Doc. 02–24177 Filed 9–23–02; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 02N–0393]

#### Assessing Acrylamide in the U.S. Food Supply; Public Meeting; Draft Action Plan on Acrylamide; Availability; Correction

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

**ACTION:** Notice of public meeting and availability; correction.

**SUMMARY:** The Food and Drug Administration is correcting a notice that appeared in the **Federal Register** of September 12, 2002. The document announced a public meeting entitled “Assessing Acrylamide in the U.S. Food Supply.” The document was published with an incorrect Internet address for an analytical test methodology to measure acrylamide levels. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Doris B. Tucker, Office of Policy (HF–27), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7626.

**SUPPLEMENTARY INFORMATION:** In FR Doc. 02–23193, appearing on page 57827 in the **Federal Register** of Thursday, September 12, 2002, the following correction is made:

1. On page 57827, in the second column, in the last paragraph, beginning on line 7, the Internet address is corrected to read “<http://www.cfsan.fda.gov/~dms/acrylami.html>”.

Dated: September 18, 2002.

**Margaret M. Dotzel,**

*Associate Commissioner for Policy.*

[FR Doc. 02–24201 Filed 9–23–02; 8:45 am]

**BILLING CODE 4160–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of

the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 or other forms of information technology.

#### Proposed Project: Uncompensated Services Assurance Report (OMB No. 0915–0077)—Revision

Under the Hill-Burton Act, the Government provides grants and loans for construction or renovation of health care facilities. As a condition of receiving this construction assistance, facilities are required to provide services to persons unable to pay. A condition of receiving this assistance requires facilities to provide assurances periodically that the required level of uncompensated care is being provided, and that certain notification and record keeping procedures are being followed. These requirements are referred to as the uncompensated services assurance.

#### Estimate of Information Collection Burden

Type of requirement and regulatory citation	No. of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Disclosure Burden (42 CFR)					
Published Notices (124.504(c)) .....	216	1	216	0.75	162
Individual Notices (124.504(c)) .....	216	1	216	43.6	9,418

Type of requirement and regulatory citation	No. of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Determinations of Eligibility (124.507) .....	216	216	46,656	0.75	34,992
Subtotal Disclosure Burden .....					44,572

## Reporting

Uncompensated Services Report—HRSA-710 Form (124.509(a)) .....	10	1	10	11.0	110
Application for Compliance Alternatives:					
Public Facilities (124.513) .....	4	1	4	6.0	24
Small Obligation Facilities (124.514(c)) .....	0				
Charitable Facilities (124.516(c)) .....	2	1	2	6.0	12
Annual Certification for Compliance Alternatives:					
Public Facilities (124.509(b)) .....	141	1	141	0.5	71
Charitable Facilities (124.509(b)) .....	26	1	26	0.5	13
Small Obligation Facilities (124.509(c)) .....	1	1	1	0.5	1
Complaint Information (124.511(a)):					
Individuals .....	10	1	10	0.25	3
Facilities .....	10	1	10	0.5	5
Subtotal Reporting Burden .....					239

Record-keeping	Number of Recordkeepers	Hours per year	Total hour burden
Non-alternative Facilities (124.510(a))	216	50	10,800
Subtotal Record-keeping Burden			10,800

The total burden for this project is estimated to be 55,611 hours.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 17, 2002.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 02-24165 Filed 9-23-02; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995: *Proposed Project:* Uniform Data System (OMB No. 0915-0193)—Revision—This is a request for revision of approval of the Uniform Data System (UDS), which contains the annual reporting requirements for the cluster of primary care grantees funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The UDS includes reporting requirements for grantees of the following primary care programs: Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Outreach and Primary Health Services for Homeless Children

and Public Housing Primary Care. Authorizing Legislation is found in Public Law 104-299, Health Center Consolidation Act of 1996, enacting Section 330 of the Public Health Service Act.

The Bureau of Primary Health Care collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policy makers on program accomplishments. To meet these objectives, BPHC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. The UDS includes two components: the Universal Report, completed by all grantees, provides data on services, staffing, and financing; and the Grant Report, completed by grantees funded under the Homeless or Public Housing Program as well as one of the other programs, provides data on characteristics of users whose services fall within the scope of the Homeless or Public Housing Program grant. Grantees are also asked to provide information on the charges, collections, bad debt write off and contractual disallowances by payor sources (Medicaid, Medicare, self pay and private insurance). In addition, grantees need to include categories to some of the lists (e.g., services, ICD codes, CPT codes) and annotating the forms to indicate which lines are subtotals and the lines to which they sum.

Estimates of annualized reporting burden are as follows:

Type of Report	Number of respondents	Hours per response	Total burden hours
Universal Report .....	172	24	17,088
Grant Report .....	96	16	1,536