

6974 because U.S. Postal Mail is subject to lengthy delays due to heightened security precautions.

The FTC Act and other laws the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. All timely and responsive public comments will be considered by the Commission and will be available to the public on the FTC Web site, to the extent practicable, at [www.ftc.gov](http://www.ftc.gov). As a matter of discretion, the FTC makes every effort to remove home contact information for individuals from the public comments it receives before placing those comments on the FTC Web site. More information, including routine uses permitted by the Privacy Act, may be found in the FTC's privacy policy at <http://www.ftc.gov/ftc/privacy.htm>.

#### FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the proposed collection of information, should be addressed to Joanna P. Crane, Program Manager, Federal Trade Commission ID Theft Program, 600 Pennsylvania Avenue, NW., Washington, DC 20580. Telephone: (202) 326-3228.

**SUPPLEMENTARY INFORMATION:** In March 2003, OMB approved the FTC's request to conduct a survey on ID Theft and assigned OMB Control Number 3084-0124. The FTC completed the consumer research in April 2003 and issued its report, Federal Trade Commission—Identity Theft Survey Report, in September 2003.<sup>2</sup> On August, 25, 2005, the FTC published a **Federal Register** Notice seeking comments from the public concerning a new survey that would follow up on the 2003 survey. See 70 FR 49924. No comments were received. Pursuant to the OMB regulations that implement the PRA (5 CFR Part 1320), the FTC is providing this second opportunity for public comment while requesting that OMB reinstate the clearance for the survey. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before December 19, 2005.

#### Description of the Collection of Information and Proposed Use

The FTC proposes to survey up to 5,000 consumers in order to gather specific information on the incidence of ID Theft in the general population. All information will be collected on a voluntary basis, and the identities of the consumers will remain confidential.

The FTC has contracted with a consumer research firm to identify consumers and conduct the survey. The results will assist the FTC in determining the incidence of ID Theft in the general population, whether the type and frequency of ID Theft is changing, and how best to combat ID Theft.

ID Theft has been the top consumer complaint reported to the FTC since calendar year 2000. The information collected by the survey will ensure that the FTC has accurate and timely information on the extent of ID Theft and its impact on victims. This information will be highly useful to Congress and others who often request statistical information on ID Theft from the FTC.

The FTC intends to use a larger sample size than the 2003 survey to allow for a more in-depth analysis of the resulting data. The additional data points should produce statistically significant samples for particular types of fraud and particular demographic characteristics. The questions will be very similar to the 2003 survey so that the results from the 2003 survey can be used as a baseline for a time-series analysis.<sup>3</sup> The FTC may conduct another follow-up survey in approximately two years.

#### Estimated Hours Burden

The consumer research firm will pretest the survey on approximately 100 respondents to ensure that all questions are easily understood. This pretest will take approximately 3 minutes per person and 5 hours as a whole (100 respondents  $\times$  3 minutes each). Based on FTC staff's experience with the 2003 survey, the staff estimates that approximately 12 percent of those interviewed will have experienced ID Theft within the last 5 years. Survey participants who have not experienced ID Theft in this period of time will only be asked the initial 4 to 5 survey questions. The staff expects that this will take less than 2 minutes. For those who have experienced ID Theft in the last 5 years, our experience with the earlier survey suggests that it will take about 12 to 15 minutes to complete the survey. The staff therefore anticipates that the average time per survey participant will be approximately 3 minutes. Answering the consumer survey will require approximately 250 hours as a whole (5,000 respondents  $\times$  3 minutes each). Thus, cumulative total burden hours for the first year of the clearance will approximate 255 hours.

#### Estimated Cost Burden

The cost per respondent should be negligible. Participation is voluntary and will not require start-up, capital, or labor expenditures by respondents.

**William Blumenthal,**  
General Counsel.

[FR Doc. 05-22849 Filed 11-17-05; 8:45 am]

BILLING CODE 6750-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-06-06AC]

#### 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 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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

#### Proposed Project

Low Back Exposure Assessment Tool for Mining—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

The Federal Mine Safety & Health Act of 1977, section 501, enables CDC/NIOSH to carry out research relevant to the health and safety of workers in the

<sup>2</sup> The Report is available at <http://www.ftc.gov/os/2003/09/synovatereport.pdf>.

<sup>3</sup> The questionnaire for the 2003 survey is available as Appendix A to the Report.



mining industry. Mining has one of the highest incidence rates for back pain of any industry, and back injuries are consistently the leading cause of lost work days in the industry. The objective of this project is to develop a self-administered, paper and pencil risk assessment tool for the development of low back disorders specifically directed towards use in the mining industry. Many current methods of assessing the risk of low back disorders do not address stressors that are relatively

unique to the mining environment, including the restricted vertical spaces in many coal mines that require workers to adopt stooping or kneeling postures for extended periods of their workday. The low back exposure assessment tool for mining will assess various occupational exposures associated with development of back disorders in the literature (postural demands, lifting, whole body vibration exposure, individual and psychosocial issues), as well as specific mining stressors and

will develop a score that will be used to assess the degree of risk for the job and the individual. The tool will be useful in both prioritizing jobs that need interventions to reduce low back disorder risk, and in evaluating the effectiveness of interventions through tool administration before and after the implementation of an intervention. There will be no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Surface and Underground Miners .....	320 miners .....	1	15/60	80
Total .....	.....	.....	.....	80

Dated: November 10, 2005.  
**Betsey Dunaway,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
[FR Doc. 05–22873 Filed 11–17–05; 8:45 am]  
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention  
[60 Day–06–0463]

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 404–639–4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). 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. Written comments should be received within 60 days of this notice.

Proposed Project

Longitudinal Surveillance for Beryllium Disease Prevention—Extension—National Institute for Occupational Safety and Health (NIOSH)—Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Pub. L. 91–596 (section 20[a][1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers. NIOSH has been conducting this survey of beryllium workers for three years and this extension will allow for completion of the data collection. Workers are asked to complete an interviewer administered medical and work history questionnaire and to give a blood sample. Without medical and work history data on former workers, NIOSH staff will be unable to conduct the necessary research to make recommendations for preventing beryllium sensitization and disease.

Follow-up on this cohort will provide invaluable information on the natural history of disease, gene-gene, and gene-environment interactions, which can become the basis for prevention policy at both company and government levels. Beryllium is a lightweight metal with many applications. Exposed workers may be found in the primary production, nuclear power and weapons, aerospace, scrap metal reclamation, specialty ceramics, and electronics industries, among others. The size of the U.S. workforce at risk of chronic beryllium disease (CBD), from either current or past work-related exposure to the metal, may be as high as one million workers. Demand for beryllium is growing worldwide, which means that increasing numbers of workers are likely to be exposed. CBD is a chronic granulomatous lung disease mediated through an immunologic mechanism in workers who become sensitized to the metal. Sensitization can be detected with a blood test called the beryllium lymphocyte proliferation test (BeLPT), which is used by the industry as a surveillance tool. Use of this test for surveillance was first reported in 1989. Sensitized workers, identified through workplace surveillance programs, undergo clinical diagnostic tests to determine whether they have CBD. Research has indicated certain genetic determinants in the risk of CBD; follow-up studies will be invaluable for further characterizing the genetic contribution to sensitization and disease. NIOSH is in a unique position to accomplish this research for a number of reasons: (a) It has a successful collaboration with the leading