

records may be transferable to the Office of Personnel Management in accordance with official personnel programs and activities as a routine use.

k. To an expert, consultant, or a contractor of GSA to the extent necessary to further the performance of a Federal duty.

l. To medical personnel in the event of a medical emergency.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Information is collected electronically and stored in Smart Card chips on the individual's identification cards, and in associated automated data systems.

RETRIEVABILITY:

Name, SSN, and identification and badge serial numbers.

SAFEGUARDS:

When not in use by an authorized person, the records are stored in an electronic data system. Electronic records are protected by a password and may also have a personal identification number (PIN) as a second level of protection.

RETENTION AND DISPOSAL:

Disposition of records is according to the National Archives and Records Administration (NARA) guidelines, as set forth in the handbook, GSA Records Maintenance and Disposition System (OAD P 1820.2) and authorized GSA records schedules.

SYSTEM MANAGERS AND ADDRESS:

Director, Office of Infrastructure Operations (IO), Office of the Chief Information Officer, General Services Administration, 1800 F Street, NW., Washington DC 20405. The IO operates and maintains the database containing system information for GSA Services, Staff Offices, and regions.

NOTIFICATION PROCEDURE:

Individuals will be able to access, review, and update their own personal information in the system. Individuals may determine whether the system contains their records by submitting a request to the System Manager or the appropriate regional Credentialing Office listed in the Appendix.

RECORD ACCESS PROCEDURES:

Individuals whose records are in the system will be provided access to their own information.

CONTESTING RECORD PROCEDURES:

Individuals wishing to request amendment of their records should

contact the System Manager or the appropriate Credentialing Office listed in the Appendix.

RECORD SOURCE CATEGORIES:

Information is provided by individuals being issued credentials and by the issuing officials.

Appendix: GSA Regional Credentialing Office Addresses:

New England Region (includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont): General Services Administration, 10 Causeway Street, Boston, MA 02222.

Northeast and Caribbean Region (includes New Jersey, New York, Puerto Rico, and Virgin Islands): General Services Administration, 26 Federal Plaza, New York, NY 10278.

Mid-Atlantic Region (includes Delaware, Maryland, Pennsylvania, Virginia and West Virginia, (but excludes the National Capital Region): General Services Administration, The Strawbridge Building, 20 North Eighth Street, Philadelphia, PA 19107-3191.

Southeast Sunbelt Region (includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee): General Services Administration, Summit Building, 401 West Peachtree Street, Atlanta, GA 30365-2550.

Great Lakes Region (includes Illinois, Indiana, Michigan, Ohio, Minnesota, and Wisconsin): General Services Administration, 230 South Dearborn Street, Chicago, IL 60604-1696.

The Heartland Region (includes Iowa, Kansas, Missouri, and Nebraska) General Services Administration: 1500 East Bannister Road, Kansas City, MO 64131-3088.

Greater Southwest Region (includes Arkansas, Louisiana, Oklahoma, New Mexico, and Texas), General Services Administration, 819 Taylor Street, Fort Worth, TX 76102.

Rocky Mountain Region (includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming): General Services Administration, Denver Federal Center, Bldg 41, Lakewood, CO 80011.

Pacific Rim Region (includes Arizona, California, Hawaii, and Nevada) General Services Administration: 450 Golden Gate Avenue, San Francisco, CA 94102-3488.

Northwest/Arctic Region (includes Alaska, Idaho, Oregon, and Washington) General Services Administration: 400 15th Street, SW., Auburn, WA 98001-6599.

National Capital Region (includes the District of Columbia; the counties of Montgomery and Prince George's in Maryland; the city of Alexandria, Virginia; and the counties of Arlington, Fairfax, Loudoun, and Prince William in Virginia): General Services Administration, 7th and D Streets, SW., Washington, DC 20407.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.13 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest as fixed by the Secretary of the Treasury after taking into consideration private consumer rates of interest prevailing on the date that HHS becomes entitled to recovery. The rate generally cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities." This rate may be revised quarterly by the Secretary of the Treasury and shall be published quarterly by the Department of Health and Human Services in the **Federal Register**.

The Secretary of the Treasury has certified at rate of 12 $\frac{3}{8}$ % for the quarter ended June 30, 2003. This interest rate will remain in effect until such time as the Secretary of the Treasury notifies HHS of any changes.

Dated: August 1, 2003.

George Strader,

Deputy Assistant Secretary, Finance.

[FR Doc. 03-20348 Filed 8-8-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-105]

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)498-1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: ATSDR Rapid Response Registry—New—The Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR plans to develop a registry of individuals exposed to a terrorist or other significant emergency event potentially affecting public health within the United States and its territories. The authority to establish and maintain this registry was given to ATSDR through the following federal laws: Public Health Service Act, 42 U.S.C. 319; the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA); Federal Response Plan; National Contingency Plan; and the Department of Homeland Security's Consolidated Emergency Operations Plan. ATSDR has consistently been identified as having the primary responsibility for the creation and

maintenance of an event-related registry of affected individuals during the acute response phase of an emergency event.

ATSDR plans to develop and maintain a central registry, named the Rapid Response Registry (RRR), of individuals who were in the vicinity of a terrorist or other emergency event. The ATSDR RRR teams will begin identifying and enrolling victims and potentially exposed individuals within hours of an incident, in collaboration with state and local government agencies and private response organizations. RRR activities are intended to help document an individual's presence at or near a specific terrorist or other significant emergency event. This information will be used primarily to provide health officials with essential information necessary for both short- and long-term follow-up of victims and potentially exposed individuals. Contact information will be used to provide information to the registrants regarding their exposures, potential health impacts, available educational materials, and other pertinent news and updates. Follow-up contacts by health officials are anticipated to be for the purposes of assessing current and future medical needs and providing appropriate and timely medical interventions where possible. Subsequent health studies (not part of this activity) may be useful to identify potential long-term health outcomes in the exposed population; the contact information will enable these studies to be conducted.

A standardized one-page survey instrument will be used to collect contact information, demographics, and brief exposure and outcome data on all registrants. The same survey instrument will be used in both Phase I and Phase II data collection activities.

Phase I response entails immediate deployment of the RRR team to support local efforts to enroll victims and immediately-exposed individuals. Phase I RRR data collection teams will be deployed to all places where victims and the immediately-exposed population might be located (e.g., on-site response facilities, emergency departments, hospitals, morgues, public shelters, churches).

Phase II response entails later deployment of an RRR team to conduct a census of the entire at-risk population. Phase II data collection methods will include house-to-house interviews, telephone interviews, on-line enrollment, media outreach, and professional tracing services. If the at-risk population or geographic area is reasonably small-scale, a systematic census will be conducted to enroll every exposed or potentially exposed person. If the at-risk population or geographic area is large-scale, then a representative sample of the at-risk population will be enrolled. A brief, optional health effects questionnaire also has been developed that will be made available to local health officials, if they wish to use it, to better characterize the types of health outcomes resulting from the emergency event. There are no costs to respondents.

Respondents	Number of respondent	Responses per respondent	Avg. burden per response (in hrs)	Total burden per year (in hrs)
People in proximity to an emergency event: 1-page contact form only	1,000	1	10/60	167
People in proximity to an emergency event: health effects questionnaire	200	1	20/60	67
Total	234

Dated: August 4, 2003.
Thomas A. Bartenfeld,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-106]

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