

- Performance measurements and monitoring conducted as part of an EMS can provide comparable and verifiable data to improve environmental impact predictions in future NEPA analyses and documents.

- An EMS provides a systematic framework for an agency to monitor and continually improve its environmental performance. Agencies with an EMS may be able to use the data it generates to establish a record of environmental performance to support, for example: (a) Identifying categories of actions that normally require an Environmental Impact Statement (EIS); (b) finding no significant impact when performance practices are incorporated into a proposed action (which would conclude the Environmental Assessment (EA) process without the need to prepare an EIS); or (c) determining that a category of actions does not have individual or cumulative significant impacts and should properly be established as a categorical exclusion which would reduce the need to prepare either an EA or an EIS. Further, when a NEPA analysis is needed, the EMS approach of keeping environmental data up-to-date should facilitate the preparation of the NEPA documents.

- When an EMS has established environmental objectives and targets relevant to resource areas subject to NEPA mitigation measures, the EMS can ensure implementation and performance of mitigation measures through applicable measurement and monitoring programs.

CEQ recognizes the benefits of aligning these complementary processes and encourages Federal agencies to do so where appropriate.

Dated: April 5, 2007.

**James L. Connaughton,**  
Chairman, Council on Environmental Quality.

[FR Doc. E7-7950 Filed 4-25-07; 8:45 am]

**BILLING CODE 3125-W7-P**

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## FEDERAL ELECTION COMMISSION

### Sunshine Act Notices

**DATE AND TIME:** Tuesday, May 1, 2007 at 10 a.m.

**PLACE:** 999 E Street, NW., Washington, DC.

**STATUS:** This meeting will be closed to the public.

**ITEMS TO BE DISCUSSED:** Compliance matters pursuant to 2 U.S.C. 437g.

Audits conducted pursuant to 2 U.S.C. 437g, 438(b) and title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

**FOR FURTHER INFORMATION CONTACT:** Mr. Robert Biersack, Press Officer, Telephone: (202) 694-1220.

**Mary W. Dove,**

*Secretary of the Commission.*

[FR Doc. 07-2084 Filed 4-24-07; 2:27 pm]

**BILLING CODE 6715-01-M**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day-07-06BC]

#### 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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

National Survey of the Mining Population—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Surveillance of occupational injuries, illnesses, and exposures has been an integral part of the work of the National Institute for Occupational Safety and Health (NIOSH) since its creation by the Occupational Safety and Health Act in 1970. To improve its surveillance capability related to the occupational risks in mining, NIOSH is planning to conduct a national survey of mines and mine employees. No national surveys have specifically targeted the mining labor force since the 1986 Mining Industry Population Survey (MIPS). The mining industry has experienced many changes in the last 20 years; consequently, the MIPS data are no longer representative of the current mining industry labor force.

NIOSH conducted a pilot study for the proposed national survey in the fall of 2004 (OMB #0920-0633, expired 3/31/05). The pilot study was designed to emulate the main study design in order to evaluate the effectiveness of the recruitment materials, questionnaire, and survey procedures in acquiring complete, high quality data from a sample of 45 mining operations. Objective data collected in the pilot study included overall response rates and individual item response rates. Subjective data were collected using telephone logs, and participant and non-participant debriefing interviews. Data captured in the pilot study were used to guide improvements to maximize the performance of the various components of the full-scale study.

The proposed national survey will be based upon a probability sample of mining operations and their employees. The survey will be conducted in the five major mining sectors (*i.e.*, coal, metal, nonmetal, stone, and sand and gravel). The major objectives of the survey will be to: (1) Obtain denominator data so that mine accident, injury, and illness reports can be evaluated in relation to the population at risk; (2) understand the demographic and occupational characteristics of the mining industry workforce; (3) estimate the number and occupational characteristics of independent contractor employees used by mining operations; and (4) obtain mine level information on selected variables. The sampled mining operations will provide all survey data; individual mine operator and independent contractor employees will not be directly surveyed. As a result of this study, surveillance researchers and government agencies will be able to identify groups of miners with a disproportionately high risk of injury or illness. By capturing demographic (*e.g.*, age, gender, race/ethnicity, education level) and occupational characteristics (*e.g.*, job title, work location, work experience) of the mining workforce, these data will be a significant resource for the customization of interventions such as safety training programs.

Approximately 2272 mines will be sampled for the study. It is expected that this will yield 1,648 responding eligible mines (*i.e.*, mines in current operation and producing the commodity for which they were sampled), reporting data for approximately 24,452 employees. A survey packet will be mailed to each sampled mine. The mining operation will not be asked to report the names or any other identifying information for their employees. The survey respondent will have the option of completing either the

survey questionnaire booklet or an Internet web-based survey questionnaire.

The ultimate goal of the study is to provide surveillance data that will help to minimize and prevent work-related

injuries and illnesses that harm miners and reduce productivity. NIOSH will use the information to calculate injury rates and customize safety and health interventions for various mining occupations. Once the study is

completed, NIOSH will send a copy of the final report to each sampled mining operation. There is no cost to respondents other than their time. The total estimated annualized burden hours are 3,296.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Annual burden (in hours)
Responding Eligible Mining Operations .....	1,648	1	120/60	3,296

Dated: April 20, 2007.

**Joan F. Karr,**

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-7976 Filed 4-25-07; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-07-06AT]

**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) 371-5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

A sustainability Assessment of Community-based Interventions in Northwestern Tanzania—New—National Center for Chronic Disease Prevention and Health Promotion

(NCDDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Empowerment and capacity building have been promoted by the Bamako Initiative as integral steps in making Primary Health Care (PHC) services universally available. These Health Sector Reform programs have built on the Bamako Initiative since the early 1990s, drawing attention to the potential for community engagement in health services and health governance through mechanisms such as Community Health Funds. In many contexts, community-focused approaches have been used to promote maternal and infant health, and community well-being.

In Tanzania, a community-based approach to improve maternal and newborn health (MNH) and reduce preventable maternal and perinatal deaths was implemented by CARE with CDC technical support from 1997-2002, called the Community Based Reproductive Health Program (CBRHP). This approach used a community-based surveillance system to identify preventable deaths during pregnancy, during the perinatal and newborn period, and developed a community mobilization program utilizing community volunteers to assist women and families with obstetrical emergencies to get to functioning health facilities. Specifically the initiative focused on increasing capacity for community members to identify and

participate in decisions and strategies for providing health care services, and supporting prevention and health education through village health workers (VHWs).

Evaluation of this effort showed that the community members used the services successfully and supported their volunteers, but only a handful of these communities had programs in place that were functional at the end of the project in 2002.

Since the end of project activities, the long-term sustainability of community-level efforts has not been assessed. Funds were obtained from the CDC-Georgia State University Initiative to conduct a sustainability assessment. Assessment of sustainability is critical for promoting community mobilization within the health care sector in resource poor settings such as northwestern Tanzania and places where CARE and other organizations work. Little data exist on the issue of long-term viability of community efforts and this project has the potential to inform the discussion about sustainability of health-focused programs.

The project staff at CDC is seeking to implement data collection for this project in Northwestern Tanzania to examine long-term sustainability of community-based efforts.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 267.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Villagers .....	Community assessment Survey .....	200	1	1
Leaders .....	Key-informant interview guide .....	40	1	45/60
Village Health Workers .....	Village health worker open ended interview-guide.	44	1	30/60
Facility Staff .....	Facility staff guide (1 pre-assessment and 1 post-assessment).	15	2	30/60