evaluate new and improved test methods applicable to the needs of Federal agencies. Additional information about ICCVAM and NICEATM is available on the NICEATM–ICCVAM Web site at *http://iccvam.niehs.nih.gov.*

Dated: January 13, 2011.

John R. Bucher,

Associate Director, National Toxicology Program.

[FR Doc. 2011–1329 Filed 1–21–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Task Force on Community Preventive Services

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) announces the next meeting of the Task Force on Community Preventive Services (Task Force). The Task Force—an independent, nonfederal body of nationally known leaders in public health practice, policy, and research who are appointed by the CDC Director—was convened in 1996 by the Department of Health and Human Services (HHS) to assess the effectiveness of community, environmental, population, and healthcare system interventions in public health and health promotion. During this meeting the Task Force will consider the findings of systematic reviews and issue recommendations and findings to help inform decision making about policy, practice, and research in a wide range of U.S. settings. The Task Force's recommendations, along with the systematic reviews of the scientific evidence on which they are based, are compiled in the *Guide to Community Preventive Services (Community Guide).*

DATES: The meeting will be held on Wednesday, February, 16, 2011 from 8:30 a.m. to 5:30 p.m. EST and Thursday, February 17, 2011 from 8:30 a.m. to 1 p.m. EST.

ADDRESSES: Atlanta Marriott Century Center, 2000 Century Blvd., NE., Atlanta, GA.

FOR FURTHER INFORMATION CONTACT: Sara Dodge, Division of Community Preventive Services, Epidemiology and Analysis Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333, phone: (404) 498–0554, e-mail: *communityguide@cdc.gov.*

SUPPLEMENTARY INFORMATION: *Purpose:* The purpose of the meeting is for the Task Force to consider the findings of reviews and issue recommendations and findings to help inform decision making about policy, practice, and research in a wide range of U.S. settings.

Matters To Be Discussed: Effectiveness of small media client-oriented screening interventions to decrease breast, cervical and colorectal cancers; privatization of alcohol retail sales; school dismissal policy to reduce influenza transmission; client or family incentives to reduce vaccine preventable diseases; clinic based education when used alone to reduce vaccine preventable diseases; and extended school hours to promote health equity. New reviews on cardiovascular disease and skin cancer will also be discussed.

Meeting Accessibility: This meeting is open to the public, limited only by space available.

Dated: January 7, 2011.

Tanja Popovic,

Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2011–1302 Filed 1–21–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH–156]

Request for the Technical Review of the Draft Current Intelligence Bulletin (CIB): Derivation of Immediately Dangerous to Life and Health (IDLH) Values

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public comment period.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) is conducting a public review of the draft, Current Intelligence Bulletin (CIB): Derivation of Immediately Dangerous to Life and Health (IDLH) Values. NIOSH is requesting technical review of the draft CIB. The draft document and instructions for submitting comments can be found at *http://www.cdc.gov/niosh/docket/review/docket156/default.html.*

Public Comment Period: Comments must be received by March 15, 2011.

A public meeting to be convened either in Cincinnati, Ohio or via Teleweb may be scheduled at a date and time to be announced later if determined to be necessary. This public meeting will be announced via a subsequent notice.

ADDRESSES: Written comments, identified by docket number NIOSH–156, may be submitted by any of the following ways:

- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, OH 45226.
- *Facsimile:* (513) 533–8285.
- *E-mail: nioshdocket@cdc.gov.*

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Room 111, Cincinnati, Ohio 45226. A complete electronic docket containing all comments submitted will be available on the NIOSH Web page at *http://www.cdc.gov/niosh/docket,* and comments will be available in writing by request. NIOSH includes all comments received without change in the docket, including any personal information provided. All electronic comments should be formatted as Microsoft Word. Please make reference to docket number NIOSH 156.

FOR FURTHER INFORMATION CONTACT: G. Scott Dotson, NIOSH, Robert A. Taft Laboratories, MS–C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533–8540.

SUPPLEMENTARY INFORMATION: In 1974, the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) jointly initiated the development of occupational health standards consistent with Section 6(b) of the Occupational Safety and Health Act of 1970 for substances with then-existing OSHA permissible exposure limits (PELs). This joint effort was called the Standards Completion Program (SCP). As part of the respirator selection process for each draft technical standard, Immediately Dangerous to Life and Health (IDLH) values were determined for each chemical. The purpose of deriving an IDLH value was to provide guidance on respirator selection and to establish a maximum exposure concentration in

which workers, in the event of respiratory protection failure (*e.g.*, contaminant breakthrough in a cartridge respirator or stoppage of air flow in a supplied-air respirator), could escape safely when the exposure was below the IDLH value.

Since the establishment of the original IDLH values in 1974, NIOSH has continued to review the available scientific data to improve the protocol used to derive the acute exposure guidelines, in addition to the chemical-specific IDLH values. This draft CIB represents the most recent update of the scientific rationale and process used to derive IDLH values based on health effects considerations determined through a critical assessment of the toxicology and human health effects data.

The new process relies on a weight-of-evidence approach based on scientific judgment for establishing IDLH values that allows for the critical evaluation of the quality and consistency of the scientific data, and in extrapolation from the available data to the IDLH value. The weight-of-evidence approach refers to the critical examination of all the available data from diverse lines of evidence and the derivation of a scientific interpretation based on the collective body of data including its relevance, quality and reported results. Guidelines are presented to aid in the selection of the critical adverse effect, a point of departure (POD) or the point on the dose-response curve from which dose extrapolation is initiated, and applying default uncertainty factors (UFs) to derive the IDLH value. Conceptually, the derivation process presented in this CIB is similar to that used in other risk assessment applications including the process steps of:

- Hazard characterization,
- Identification of critical adverse effects,
- Identification of a POD,
- Application of an appropriate UF based on the study and POD, and
- Determination of the final risk value.

Supplemental information included within this draft CIB includes (1) An overview of the literature search strategy used to identify relevant data, (2) the scheme used to prioritize and select chemicals for which an IDLH value will be established and (3) an overview of the analysis applied by NIOSH to develop a scientifically-based approach for the selection of the UF during the derivation of IDLH values. In addition, Appendix A of the draft CIB presents an example of the derivation of an IDLH value for vinyl acetate (CAS #108–50–4) based on the new process.

Dated: January 13, 2011.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2011–1301 Filed 1–21–11; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0044]

Agency Information Collection Activities; Proposed Collection; Comment Request; Guidance for Industry and Food and Drug Administration Staff; Section 905(j) Reports: Demonstrating Substantial Equivalence for Tobacco Products

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 extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information request regarding the Guidance for Industry and FDA Staff; Section 905(j) Reports: Demonstrating Substantial Equivalence for Tobacco Products.

DATES: Submit either electronic or written comments on the collection of information by March 25, 2011.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov*. Submit written comments on the collection of information to the Division of Dockets Management (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: Jonna Capezzuto, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr. PI50–400B, Rockville, MD 20850. 301–796–3794.
Jonnalynn.Capezzuto@fda.hhs.gov.

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 extension 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 set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (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.

Information Request Regarding Guidance for Industry and FDA Staff; Section 905(j) Reports: Demonstrating Substantial Equivalence for Tobacco Products (OMB Control Number 0910–0673—Extension)

On June 22, 2009, the President signed the Family Smoking Prevention and Tobacco Control Act (the Tobacco Control Act) (Pub. L. 111–31) into law. The Tobacco Control Act amended the Federal Food, Drug, and Cosmetic Act (FD&C Act) by adding a new chapter granting FDA important new authority to regulate the manufacture, marketing, and distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors.

Section 905(j) of the FD&C Act authorizes FDA to establish the form for the submission of information related to