

information that must appear in a written warranty on a consumer product costing more than \$15. The Rule tracks Section 102(a) of the Warranty Act, specifying information that must appear in the written warranty and, for certain disclosures, mandates the exact language that must be used. Neither the Warranty Rule nor the Act requires that a manufacturer or retailer warrant a consumer product in writing, but if they choose to do so, the warranty must comply with the Rule.

On August 5, 2013, the Commission sought comment on the Rule's information collection requirements.² The Commission did not receive any comments.

As required by OMB regulations, 5 CFR Part 1320, the FTC is providing this second opportunity for public comment.

Likely Respondents: Manufacturers of consumer products.

Estimated Annual Hours Burden: 116,128 hours (derived from estimated 14,516 manufacturers × 8 hours of burden per year).

Estimated Annual Cost Burden: \$15,710,000, rounded to the nearest thousand (which is derived from \$14,516,000 for legal professionals + \$713,316 for legal support + \$480,189 for clerical workers).³

- Legal Professionals: (0.5) (116,128 hours) (\$250/hour) = \$14,516,000
- Legal Support: (0.25) (116,128 hours) (\$24.57/hour) = \$713,316
- Clerical Workers: (0.25) (116,128 hours) (\$16.54/hour) = \$480,189

Request for Comment

You can file a comment online or on paper. For the Commission to consider your comment, we must receive it on or before December 23, 2013. Write "Warranty Rules: Paperwork Comment, FTC File No. P044403" on your comment. Your comment—including your name and your state—will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at <http://www.ftc.gov/os/publiccomments.shtm>. As a matter of discretion, the Commission tries to remove individuals' home contact information from comments before placing them on the Commission Web site.

² See 78 FR 47317 (60-Day Federal Register Notice) and 78 FR 65649 (extended comment period until Nov. 8, 2013).

³ Staff has derived an hourly wage rate (\$250/hour) for legal professionals based upon industry knowledge. The wage rates for legal support workers (\$24.57) and for clerical support (\$16.54) used in this Notice are based on recent data from the Bureau of Labor Statistics National Compensation Survey (Mar. 29, 2013), available at <http://www.bls.gov/news.release/ocwage.htm>.

Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, such as anyone's Social Security number, date of birth, driver's license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, like medical records or other individually identifiable health information. In addition, do not include any "[t]rade secret or any commercial or financial information which is * * * privileged or confidential," as discussed in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). In particular, do not include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you are required to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c). Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, we encourage you to submit your comment online, or to send it to the Commission by courier or overnight service. To make sure that the Commission considers your online comment, you must file it at <https://ftcpublic.commentworks.com/ftc/consumerwarrantypra2>, by following the instructions on the web-based form. If this Notice appears at <http://www.regulations.gov>, you also may file a comment through that Web site.

If you file your comment on paper, write "Warranty Rules: Paperwork Comment, FTC File No. P044403" on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H-113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Visit the Commission Web site at <http://www.ftc.gov> to read this Notice. The FTC Act and other laws that the Commission administers permit the

collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before December 23, 2013. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at <http://www.ftc.gov/ftc/privacy.shtm>.

Comments on the information collection requirements subject to review under the PRA should also be submitted to OMB. If sent by U.S. mail, address comments to: Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments instead should be sent by facsimile to (202) 395-5167.

David C. Shonka,

Principal Deputy General Counsel.

[FR Doc. 2013-27982 Filed 11-21-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC-2013-0022; Docket Number NIOSH 153-B]

Request for the Technical Review of 25 Draft Skin Notation Assignments and Skin Notation Profiles

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: Request for comments.

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 skin notations and supporting technical documents entitled, Skin Notations Profiles, for 25 chemicals. NIOSH is requesting technical reviews of the draft Skin Notation Profiles. This review is consistent with the process used for the publication of the first 20 Skin Notation Profiles, Docket Number NIOSH 153-A [<http://www.cdc.gov/niosh/docket/archive/docket153A.html>]. To facilitate

the review of these documents, NIOSH requests that the following questions be taken into consideration for each Skin Notation Profile:

1. Does this document clearly outline the systemic health hazards associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

2. If the SYS or SYS (FATAL) notations are assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (e.g., insufficient data, no identified health hazard)?

3. Does this document clearly outline the direct (localized) health hazards associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

4. If the DIR, DIR (IRR), or DIR (COR) notations are assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (e.g., insufficient data, no identified health hazard)?

5. Does this document clearly outline the immune-mediated responses (allergic response) health hazards associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

6. If the SEN notation is assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (e.g., insufficient data, no identified health hazard)?

7. If the ID (SK) or SK were assigned, are the rationale and logic outlined within the document?

8. Are the conclusions supported by the data?

9. Are the tables clear and appropriate?

10. Is the document organized appropriately? If not, what improvements are needed?

11. Are you aware of any scientific data reported in governmental publications, databases, peer-reviewed journals, or other sources that should be included within this document?

DATES: Electronic or written comments on the 25 documents contained within Group B must be received on or before January 21, 2014.

ADDRESSES: You may submit comments, identified by CDC-2013-0022 and docket number NIOSH 153-B, by any of the two following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676

Columbia Parkway, Cincinnati, OH 45226.

All information received in response to this notice must include the agency name and docket number [CDC-2013-0022; NIOSH 153-B]. All relevant comments received will be posted without change to www.regulations.gov, including any personal information provided. All electronic comments should be formatted as Microsoft Word. To view this notice and related materials, visit www.regulations.gov and enter CDC-2013-0022 in the search field and click "search."

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

FOR FURTHER INFORMATION CONTACT: Naomi Hudson, NIOSH, Robert A. Taft Laboratories, MS-C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8388 or G. Scott Dotson, NIOSH, Robert A. Taft Laboratories, MS-C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8540.

SUPPLEMENTARY INFORMATION: In 2009, NIOSH published Current Intelligence Bulletin (CIB) 61—A Strategy for Assigning New NIOSH Skin Notations [NIOSH 2009-147; <http://www.cdc.gov/niosh/docs/2009-147/pdfs/2009-147.pdf>]. The CIB presents a strategic framework that is a form of hazard identification that has been designed to do the following:

1. Ensure that the assigned skin notations reflect the contemporary state of scientific knowledge
2. Provide transparency behind the assignment process
3. Communicate the hazards of chemical exposures of the skin
4. Meet the needs of health professionals, employers, and other interested parties in protecting workers from chemical contact with the skin.

This strategy involves the assignment of multiple skin notations for distinguishing systemic (SYS), direct (DIR), and sensitizing (SEN) effects caused by exposure of skin (SK) to chemicals. Chemicals that are highly or extremely toxic and may be potentially lethal or life-threatening following exposures of the skin are designated with the systemic subnotation (FATAL). Potential irritants and corrosive chemicals are indicated by the direct effects subnotations (IRR) and (COR), respectively. Thus with the new strategy, chemicals labeled as SK: SYS are recognized to contribute to systemic toxicity through dermal absorption. Chemicals assigned the notation SK:

SYS (FATAL) have been identified as highly or extremely toxic and have the potential to be lethal or life-threatening following acute contact with the skin. Substances identified to cause direct effects (i.e., damage or destruction) to the skin limited to or near the point of contact are labeled SK: DIR, and those resulting in skin irritation and corrosion at the point of contact are labeled as SK: DIR (IRR) and SK: DIR (COR), respectively. The SK: SEN notation is used for substances identified as causing or contributing to allergic contact dermatitis (ACD) or other immune-mediated responses, such as airway hyper reactivity (asthma). Candidate chemicals may be assigned more than one skin notation when they are identified to cause multiple effects resulting from skin exposure. For example, if a chemical is identified as corrosive and also contributes to systemic toxicity, it will be labeled as SK: SYS-DIR (COR). When scientific data for a chemical indicate that skin exposure does not produce systemic, direct, or sensitizing effects, the compound will be assigned the notation (SK). The ID^(SK) notation is assigned to indicate that insufficient data on the health hazards associated with skin exposure to a substance exist at the time of the review to determine whether the chemical has the potential to act as a systemic, direct, or sensitizing agent. The ND notation indicates that a chemical has not been evaluated by the strategy outlined in this CIB and that the health hazards associated with skin exposure are unknown.

Historically, skin notations have been published in the NIOSH Pocket Guide to Chemical Hazards [NIOSH 2005-149]. This practice will continue with the NIOSH skin notation assignments for each evaluated chemical being integrated as they become available. A support document called a Skin Notation Profile has been developed for each evaluated chemical. NIOSH submitted the first group of Skin Notation Profiles for external review in 2010 [75 FR 22148] and published the finalized reports in 2011 [http://www.cdc.gov/niosh/topics/skin/skin-notation_profiles.html]. The Skin Notation Profile for a chemical is intended to provide information supplemental to the skin notation, including a summary of all relevant data used to aid in determining the hazards associated with skin exposures.

NIOSH seeks comments on the draft skin notation assignments and Skin Notation Profiles for 25 chemicals. The draft Skin Notation Profiles were developed to provide the scientific rationale behind the hazard-specific

skin notation (SK) assignments for the following chemicals:

Document	Substance(s)
B-01	Allyl glycidyl ether (CAS# 108-92-3).
B-02	2-Diethylaminoethanol (CAS# 100-37-8).
B-03	Methyl isocyanate (CAS# 624-83-9).
B-04	2-Ethoxyethyl acetate (CAS# 111-15-9).
B-05	Propargyl alcohol (CAS# 107-19-7).
B-06	Ethyl acrylate (CAS# 140-88-5).
B-07	Isophorone diisocyanate (CAS# 4098-71-9).
B-08	Nitrobenzene (CAS# 98-95-3).
B-09	Phenylhydrazine (CAS# 100-63-0).
B-10	2-Mercaptobenzothiazole (CAS# 149-30-4).
B-11	Aniline (CAS# 62-53-3).
B-12	Captafol (CAS# 2425-06-1).
B-13	Dinitro-o-cresol (CAS# 534-52-1).
B-14	Aldrin (CAS# 309-00-2).
B-15	Dieldrin (CAS# 60-57-1).
B-16	Parathion (CAS# 56-38-2).
B-17	Nicotine (CAS# 54-11-5).
B-18	Azinphos-methyl (CAS# 86-50-0).
B-19	Endrin (CAS# 72-20-8).
B-20	Methyl parathion (CAS# 298-00-0).
B-21	Phorate (CAS# 298-02-2).
B-22	Phosdrin (CAS# 7786-34-7).
B-23	TEDP (CAS# 3689-24-5).
B-24	TEPP (CAS# 107-49-3).
B-25	Chlordane (CAS# 57-74-9).

Each Skin Notation Profile provides a detailed summary of the health hazards of skin contact and rationale for the proposed SK assignment with the chemical(s)-of-interest.

Dated: November 14, 2013.

John Howard,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended

most recently at 78 FR 63982-63983, dated October 25, 2013) is amended to reorganize the Office of Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the titles and functional statements for the Office of Surveillance, Epidemiology and Laboratory Services (CP) and insert the following:

Office of Public Health Scientific Services (CP). The Office of Public Health Scientific Services (OPHSS) is to lead, promote, and facilitate science, standards and policies to reduce the burden of diseases in the United States and globally.

Office of the Director (CPA). (1) Serves as the principal advisor to the Centers for Disease Control and Prevention (CDC) Director on informatics issues; (2) assists the CDC Director in formulating and communicating strategic initiatives and policies involving health statistics, informatics, surveillance, epidemiology and laboratory practices; (3) represents the CDC Director externally on key informatics issues; (4) provides strategic leadership to the National Center for Health Statistics (NCHS) and the Center for Surveillance, Epidemiology and Laboratory Services (CSELS); (5) ensures agency-wide strategic approaches to informatics, surveillance, data access, workforce development and laboratory practices; (6) identifies approaches for increasing the use of electronic health records (EHRs) as part of an integrated strategy for public health surveillance; (7) leads efforts to improve public health data access and analytical methods; (8) leads the development of an efficient, sustainable and integrated network of public health laboratories; (9) leads efforts to prepare the public health workforce to meet present and anticipate future challenges; (10) facilitates relevant and meaningful collaborations across NCHS and CSELS; and (11) ensures the timely availability of statistical health information.

Health Information Technology and Surveillance Strategy Unit (CPA3). As the OPHSS' primary focal point, the unit leads collaborative activities at multiple levels and with multiple partners to ensure CDC maintains a leadership role in the development of strategy, policy, future solutions and issues relating to improvements in integrating health information technology (HIT), public health surveillance and biosurveillance strategies with the ultimate goal of

strengthening public health. This unit: (1) Leads and manages a network of intersects with CDC's key state, territorial, local and tribal (STLT) partner organizations and their members through routine work groups and collaboration forums to collaboratively develop solutions in the areas of HIT, public health surveillance and biosurveillance to strengthen public health at the federal and STLT levels; (2) leads and manages CDC's interactions with other federal agencies to ensure CDC maintains its leadership role in the areas of HIT, public health surveillance and biosurveillance, including representing CDC on the Department of Homeland Security's National Biosurveillance Integration Oversight Committee, the White House National Security Staff's Sub-Interagency Policy Committee on Biosurveillance and management of a federal Biosurveillance Work Group resulting in CDC's coordinated input into federal government wide policies, initiatives and products; (3) serves as the primary point of contact for CDC health HIT activities with the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services; (4) leads and manages a network of intersects within CDC to ensure initiatives and activities are coordinated and complimentary in the areas of HIT, public health surveillance and biosurveillance to include the management of the CDC's EHR Forum, the Biosurveillance Leadership Team, and the OPHSS/Office of Infectious Diseases monthly leadership meeting; (5) leads the work, education, communication and coordinated activities necessary to ensure CDC is involved in and contributes to electronic health information exchange, specifically, Meaningful Use (MU) through the convening of EHR/MU advisory groups, the provision of appropriate technical assistance to CDC programs and STLT partners, the convening of national communities of practice (with ONC), and the education of CDC programs on EHR/MU; (6) maintains leadership and consultation to various federal advisory committees; and (7) maintains and utilizes the National Public Health Surveillance and Biosurveillance Registry for Human Health, which catalogs CDC surveillance-related systems, programs, collaboratives, registries, and tools, and provides reports from the Registry to support and promote coordinated actions and efficiencies in surveillance activities throughout the Agency.