

Claimant's claim took place between Pakistan and New York, USA via ocean vessels NYK Cosmos, Asir, and Fowairet, from April 24, 2009, May 23, 2009 and June 5, 2009." Complainant asserts that "shipments were to be released only upon presentation by Respondents of Original endorsed Negotiable Bills of Lading. The payment terms were on a CAD (Cash Against Documents) basis." Complainant alleges that the terms of the Bill of Lading were "violated by Respondents when Respondents released the goods without obtaining the endorsed Bill of Lading." As a result, Complainant alleges that Respondents violated: "U.S. Code Title 46 Sec. 1 (a), Sec 30701(4), 30701(6), 30701(7), 30701(8), Sec 41102(b), 41102(c) (Shipping Act Sec 10(a)(1) and 10(d)(1)), 41301 (sec 11(a) of the Shipping Act), 41302, 41303, 41304, 41305, 41309, 305; U.S. Code 49 Sec 80101, 80102, 80103, 80104, 80110, 80111, 80116, 80106."

Complainant asserts that it has suffered damages in the sum of "\$290,424.91, plus interst/mark-up, plus US\$ 7500.00", for attorney fees and other expenses. Complainant requests that the Commission "investigate the matter"; that Respondents be required to answer the charges made by Complainant; that Respondents be ordered to pay reparations of \$290,424.91 with interest, costs and attorney's fees; and order any such other and further relief as the Commission deems just and proper.

This proceeding has been assigned to the Office of Administrative Law Judges. Hearing in this matter, if any is held, shall commence within the time limitations prescribed in 46 CFR 502.61, and only after consideration has been given by the parties and the presiding officer to the use of alternative forms of dispute resolution. The hearing shall include oral testimony and cross-examination in the discretion of the

presiding officer only upon proper showing that there are genuine issues of material fact that cannot be resolved on the basis of sworn statements, affidavits, depositions, or other documents or that the nature of the matter in issue is such that an oral hearing and cross-examination are necessary for the development of an adequate record.

Pursuant to the further terms of 46 CFR 502.61, the initial decision of the presiding officer in this proceeding shall be issued by July 25, 2011 and the final decision of the Commission shall be issued by November 22, 2011.

**Karen V. Gregory,**

*Secretary.*

[FR Doc. 2010-18580 Filed 7-28-10; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-10-0557]

#### 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 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

National Public Health Performance Standards Program Local Public Health Governance Assessment (OMB 0920-0580 exp. 8/31/2010)—Extension—Office of State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Office of State, Tribal, Local and Territorial Support is proposing to extend the formal, voluntary data collection that assesses the capacity of local boards of health to deliver the essential services of public health. Electronic data submission will be used when local boards of health complete the public health assessment.

A three-year approval is being sought with the current data collection instrument. The data collection instrument has been valuable in assessing performance and capacity and identifying areas for improvement.

From 1998-2002, the CDC National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness. There is no cost to the respondent, other than their time.

The estimated annualized burden hours are 875.

#### ANNUALIZED BURDEN HOURS

No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
175	1	5	875

Dated: July 22, 2010.

**Maryam I. Daneshvar,**  
Reports Clearance Officer, Centers for Disease  
Control and Prevention.

[FR Doc. 2010-18626 Filed 7-28-10; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research  
and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the  
intention of the Agency for Healthcare  
Research and Quality (AHRQ) to request  
that the Office of Management and  
Budget (OMB) approve the proposed  
information collection project:  
“Eisenberg Center Voluntary Customer  
Survey Generic Clearance for the  
Agency for Health Care Research and  
Quality.” In accordance with the  
Paperwork Reduction Act, 44 U.S.C.  
3501-3520, AHRQ invites the public to  
comment on this proposed information  
collection.

This proposed information collection  
was previously published in the **Federal  
Register** on May 20th, 2010 and allowed  
60 days for public comment. One  
comment was received. The purpose of  
this notice is to allow an additional 30  
days for public comment.

**DATES:** Comments on this notice must be  
received by August 30, 2010.

**ADDRESSES:** Written comments should  
be submitted to: AHRQs OMB Desk  
Officer by fax at (202) 395-6974  
(attention: AHRQ's desk officer) or by e-  
mail at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)  
(attention: AHRQ's desk officer).

Copies of the proposed collection  
plans, data collection instruments, and  
specific details on the estimated burden  
can be obtained from the AHRQ Reports  
Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:**  
Doris Lefkowitz, AHRQ Reports  
Clearance Officer, (301) 427-1477, or by  
e-mail at  
[doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

Eisenberg Center Voluntary Customer  
Survey Generic Clearance for the  
Agency for Healthcare Research and  
Quality The Agency for Healthcare  
Research and Quality (AHRQ) requests

that the Office of Management and  
Budget (OMB) renew, under the  
Paperwork Reduction Act of 1995,  
AHRQ's Generic Clearance to collect  
information from users of work products  
and services initiated by the John M.  
Eisenberg Clinical Decisions and  
Communications Science Center  
(Eisenberg Center).

AHRQ is the lead agency charged  
with supporting research designed to  
improve the quality of healthcare,  
reduce its cost, improve patient safety,  
decrease medical errors, and broaden  
access to essential services. See 42  
U.S.C. 299.

AHRQ's Eisenberg Center is an  
innovative effort aimed at improving  
communication of findings to a variety  
of audiences (“customers”), including  
consumers, clinicians, and health care  
policy makers. The Eisenberg Center  
compiles research results into a variety  
of useful formats for customer  
stakeholders. The Eisenberg Center also  
conducts its own program of research  
into effective communication of  
research findings in order to improve  
the usability and rapid incorporation of  
findings into medical practice. The  
Eisenberg Center is one of three  
components of AHRQ's Effective Health  
Care Program, see 42 U.S.C. 299b-7. For  
the period 2005 until September 2008,  
the Eisenberg Center was operated  
through a contractual arrangement with  
the Oregon Health and Science  
University (OHSU), Department of  
Medicine, located in Portland, Oregon.  
In September 2008, the contract for  
operation of the Eisenberg Center was  
awarded to Baylor College of Medicine  
(BCM), located in Houston Texas.

The collections proposed under this  
clearance include activities to assist in  
the development of materials to be  
disseminated through the Eisenberg  
Center and to provide feedback to  
AHRQ on the extent to which these  
products meet customer needs. These  
materials include Summary Guides that  
summarize and translate the findings of  
comparative effectiveness reviews (CER)  
and research reports for purposes of  
summarizing research findings for  
various decision-making audiences,  
such as consumers, clinicians, or  
policymakers. The guides are designed  
to help these decision makers use  
research evidence to maximize the  
benefits of health care, minimize harm,  
and optimize the use of health care  
resources. In addition, each year of the  
project the Eisenberg Center will  
develop one computerized, interactive  
decision aid for those clinical problems  
identified from selected CERs. The  
intent is for the decision aid to increase  
the patient/consumer's knowledge of

the health condition, options, and risk/  
benefits, lead to greater assurance in  
making a decision, increase the  
congruence between values and choices,  
and enhance involvement in the  
decision making process. Information  
collections conducted under this  
generic clearance are not required by  
regulation and will not be used to  
regulate or sanction customers. Surveys  
will be entirely voluntary, and  
information provided by respondents  
will be combined and summarized so  
that no individually identifiable  
information will be released. The  
Eisenberg Center will produce from 17  
to a maximum of 33 Summary Guides  
per audience (*i.e.*, clinician,  
policymaker, consumer) per year,  
depending on the information needed  
for each product with each audience.

In accordance with OMB guidelines  
for generic clearances for voluntary  
customer surveys and Executive Order  
12862, AHRQ has established an  
independent review process to assure  
the development, implementation, and  
analysis of high quality customer  
surveys within AHRQ. Specifically,  
AHRQ understands that each activity  
conducted must be submitted to OMB  
with a supporting statement and  
accompanying instruments. Information  
collection may not proceed until  
approved by OMB.

#### Method of Collection

Information collections conducted  
under this clearance will be collected  
via the following methods:

- **Focus Groups.** Focus groups may  
include clinical professionals, patients  
or other health care consumers, or  
health policy makers. They will be used  
to provide input regarding the needs for  
products and for the development of  
Decision Aids and Summary Guides.  
Focus groups may also be used to test  
draft products to determine if intended  
information and messages are being  
delivered through products that are  
produced and disseminated through the  
Eisenberg Center.

- **In-person or Telephone Interviews.**  
Interviews will be conducted with  
individuals from one or more of the  
three groups identified above. The  
purpose of these interviews is to (1) to  
provide input regarding the  
development of Decision Aids and  
Summary Guides, (2) to determine if  
intended information and messages are  
being delivered effectively through  
products that are produced and  
disseminated through the Eisenberg  
Center, and (3) to engage the subject in  
cognitive testing to (a) determine if  
changes in topical knowledge levels can  
be identified following exposure to