

Practice Guidelines and Topics under Consideration for Development of Clinical Practice Guidelines" (58 FR 49308). This solicitation of topics is a further step in determining priorities for future guideline development.

Process for Selection of Guideline Topics

The AHCPR's method for setting priorities and selecting guideline topics consists of the process outlined below:

1. Inviting suggestions for guideline topics with supporting information through published notice in the **Federal Register** and from HCFA, PHS agencies, professional organizations, managed care organizations, and professional review and other health care organizations;

2. Determining what consensus statements, practice parameters, and evidence-based guidelines have been recently developed or are under development by other organizations in order to avoid unnecessary duplication of effort;

3. Studying the topics proposed and the supporting documentation to determine compliance with AHCPR criteria and legislative requirements;

4. Determining compliance with the legislation by assessing, among other factors, the adequacy of the available scientific evidence; the prevalence and cost of the particular topic/condition, with particular concern for the Medicare and Medicaid populations; the potential for improvement in health outcomes; the potential for reducing clinically significant and unexplained variations in the prevention, diagnosis, treatment, management, and outcomes of health services; and the potential for improvement of methods of prevention;

5. Seeking advice of public and private sector experts on setting priorities for proposed topics;

6. Determining resource availability from AHCPR and other sources to develop the priority guidelines for the current and upcoming fiscal years; and

7. Considering recommendations from the National Advisory Council on Health Care Policy, Research, and Evaluation.

Clinical Practice Guidelines Completed and Under Development

The following guidelines have been released and disseminated:

1. Acute Pain Management: Operative or Medical Procedures and Trauma
2. Urinary Incontinence in Adults
3. Pressure Ulcers in Adults: Prediction and Prevention
4. Cataract in Adults: Management of Functional Impairment

5. Depression in Primary Care: Volume I: Detection and Diagnosis, and Volume II: Treatment of Major Depression
6. Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants
7. Evaluation and Management of Early HIV Infection
8. Benign Prostatic Hyperplasia: Diagnosis and Treatment
9. Management of Cancer Pain
10. Unstable Angina: Diagnosis and Management
11. Heart Failure: Evaluation and Care of Patients with Left Ventricular Systolic Dysfunction
12. Otitis Media With Effusion in Young Children
13. Treatment of Pressure Ulcers in Adults
14. Acute Low Back Problems in Adults
15. Quality Determinants of Mammography

The following guidelines and one guideline update are under development:

1. Post Stroke Rehabilitation
2. Cardiac Rehabilitation
3. Recognition and Initial Assessment of Alzheimer's and Related Dementias
4. Smoking Prevention and Cessation
5. Screening for Colorectal Cancer
6. Chronic Pain: Headache
7. Urinary Incontinence in Adults (Update)

Nominations of new guideline topics with supporting rationale, including specific evidence and other data, must be received by July 18, 1995 at the following address: Douglas B. Kamerow, M.D., M.P.H., Director, Office of the Forum for Quality and Effectiveness in Health Care, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Suite 310, Rockville, Maryland 20852.

Dated: May 15, 1995.

Clifton R. Gaus,
Administrator.

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BILLING CODE 4160-90-M

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

[Announcement 554]

Enhancing Young Workers' Occupational Health and Safety Through Community Education Efforts

Introduction

The Centers for Disease Control and Prevention (CDC) announces the

availability of fiscal year (FY) 1995 funds for a cooperative agreement program for enhancing young workers' occupational health and safety through community education efforts. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Health and Safety. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Section 21(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(a)).

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, agencies whose principal interest is the welfare of youth, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations and small, minority- and/or women-owned businesses are eligible to apply.

Availability of Funds

Approximately \$200,000 is available in FY 1995 to fund one to two awards. It is expected that the award(s) will begin on or about September 30, 1995, and that the award(s) will be made for a 12-month budget period within a project period up to 2 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Purpose

This award will assist in the development of an intervention to raise the awareness of occupational health and safety issues relevant to young workers throughout a community. The objectives are: a) to recruit both a community and a school district within that community to participate in a demonstration project on young worker health and safety issues; b) with community and school cooperation, develop education and information strategies for adults and for adolescents; c) implement those strategies as a demonstration project; and d) evaluate the implementation and develop guides for other communities to establish and sustain similar efforts. Experience from the project should also allow health program planners to develop a process model that can be used to extend the intervention to broader geographic areas.

Program Requirements

In conducting activities to achieve the purposes of this program, the recipient will be responsible for conducting activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for conducting activities under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Plan and implement a demonstration education program within a cooperating community and one (or more) school systems in that community.

2. Advisory Panel. Establish within the community a project-advisory panel that includes representatives from the community and from the school system. The Panel would be responsible for overseeing and coordinating the organization and application of all community resources to the project. The cooperating entity must use the advisory panel to augment its own resources for program activities. An existing community committee may be used if that committee: a) already has substantial representation from the recruitment list developed as part of Item 1, above; b) has both school district and community representation; and c) agrees to serve in an advisory capacity to the project. The advisory panel will work with the recipient of this cooperative agreement but will not direct the activities of the organizations directly involved in the cooperative agreement.

Output for This Requirement

Minutes of all meetings of the advisory panel.

3. Needs Assessment. Collect relevant data concerning the population of young workers in the community and the school system using quantitative and qualitative data collection methods. Examples of quantitative data are local employment data for both the community and the student body, adolescent work permit information, and characterization of the local business community that uses young workers. Qualitative data includes in depth interviews and/or focus groups with students, employers, parents, teachers, public health officials and others. Such interviews should result in a community portrait of the typical young worker (and his or her employer) in terms of knowledge, attitudes, and behaviors related to occupational safety and health. Examples of knowledge areas for inquiry must include young worker morbidity and mortality, common hazards, employees' and employers' legal rights and responsibilities, and other methods of hazard control. Examples of attitudes to be measured are occupational safety and health concern, perceived susceptibility to injury, and perceived social norms for safety and health behaviors. Examples of behaviors are (for employers) training and supervision of young workers, (for the young workers) adherence to safety and health training and use of personal protective equipment. Information should also be collected from cooperating community groups as to what would help each group contribute to the reduction of occupationally-related injury and illness among working youth in the community. This information must be used in the education activities described next.

Output for This Requirement

Using the data collected in this activity, the recipient must prepare a summary describing young worker employment in the community, knowledge of and attitudes toward young worker occupational safety and health among adults and youth, and education needs on this issue for both students and adults in the community. The report must include an analysis of the implications of the data for the educational interventions.

4. Develop, Demonstrate, and Evaluate Adult Awareness Strategies. Using the needs assessment report from the last requirement, the recipient must develop, demonstrate, and evaluate customized activities whose objectives are to raise the awareness of young worker safety and health issues among parents, teachers, employers, public health workers, union leaders and other opinion leaders in the community.

Examples of such activities are presentations to and public information campaigns for community groups, business groups, and education groups such as parent/teacher organizations and parent/teacher associations. Special attention must be devoted to assisting employers in developing administrative structures and actions that will prevent young worker illness and injury. For example, the recipient might assist in develop training materials for young workers at a particular company. This would qualify as assistance to adults if it builds the capacity of the company's personnel to develop such materials. Teachers in the cooperating school must be another important target audience because some of them must play a role in the curriculum development for students, described in the following requirement. Every activity undertaken under this step must be evaluated using either behavioral observation, pencil and paper self-report, and/or records methods. Changes in knowledge of young worker health and safety issues, attitudes toward these issues, and behaviors to protect young workers are the outcomes of interest.

Outputs for This Requirement

- (a) A record of strategies developed.
- (b) A record of where, when, and how strategies were used.
- (c) Copies of visual aids and other educational materials used.
- (d) Evaluation protocols, evaluation data collection instruments, and evaluation data analysis results.

5. Develop, Demonstrate, and Evaluate Student Education Strategies. Using the "needs assessment report" from requirement three, the recipient must develop, demonstrate, and evaluate customized activities whose objectives are to raise the awareness of young worker safety and health issues among high school students in the cooperating school. Participation of school faculty (motivated by activities under requirement four, above) in this process is very important. Curriculum materials and classroom activities should be planned and implemented not necessarily comprehensively across the curriculum, but selectively, based on the interest and commitment of specific faculty who are willing to incorporate work-related safety and health education in their courses and to support evaluation efforts. Strategies may also (or alternatively) be used in students' extracurricular activities (e.g., journalism, performing arts, law clubs, debate societies) if there is faculty participation in the implementation of those strategies. Every activity undertaken under this step must be

evaluated using either behavioral observation, pencil and paper self-report, or records methods. Changes in knowledge of young worker health and safety issues, attitudes toward these issues, and behaviors to protect young workers (either self-protection or informing others) are the outcomes of interest.

Output for This Requirement

(a) A record of strategies developed under this requirement.

(b) A record of where, when, and how the strategies were used.

(c) Copies of visual aids and other educational materials used.

(d) Evaluation protocols, evaluation data collection instruments, and evaluation data analysis results.

6. Summary Activities. Design and execute an evaluation plan for the entire project that will occur concurrently with the project. It must assess community-level, school-level, employer-level, and individual-level outcomes. It must feature the evaluations specified as outputs from requirements four and five, but it must also assess overall impacts of the program. Outcome measures such as pre- and post-intervention knowledge of and attitudes toward occupational health and safety issues among target audiences listed above, workplace behaviors of both young workers and their employers, and emergency room visits for occupationally-related injuries to youth are examples of what might be used to help assess the project's effectiveness. The evaluation must draw conclusions from the evaluation data and make recommendations for: (a) efforts to sustain the awareness of young worker safety and health issues in the demonstration community and school, (b) pilot efforts in other communities, and (c) efforts to enlarge this community education effort to regional, State, and national levels. The overall evaluation must include copies of all outputs from the previous requirements (1-5). It must also include a model for community-based efforts to stimulate an awareness of young workers' safety and health issues and a "how to" guide for communities who might undertake similar efforts. Disseminate these results to participants and other interested parties.

Outputs of This Requirement

(a) An overall evaluation of the program that details evaluation protocols, data collection activities, analysis and interpretation of data, and recommendations for sustaining and enlarging the program.

(b) A guide for other communities and school systems to use to start and maintain a similar program.

(c) Recommendations for dissemination of the evaluation document and the "how-to" guide.

7. The recipient must collaborate with CDC in the planning of how best to extend the work of this project.

B. CDC/NIOSH Activities

1. Provide technical assistance and consultation, through site visits and correspondence, in areas of identifying needs, and program development and implementation.

2. Provide limited scientific and technical consultation in the modification of curriculum materials and their subsequent review.

3. Provide limited graphic design, audio production, video production, multimedia production, and other creative services where possible to assist the activities of the project.

4. Provide existing educational or informational materials where appropriate and needed, as supplies permit.

5. Provide technical assistance in the evaluation of the results and efficacy of the process used in this project.

6. Assist in the dissemination of the results of this project to other interested groups.

7. Participate in the planning of the extension of the work of this project to broader geographic areas.

Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria (maximum 100 total points):

1. Background and Need (10%)

The extent to which the applicant presents data justifying need for the program in terms of magnitude of the related injury problem, and identifies suitable target populations. The extent to which a description of current and previous related experiences:

(a) Is inclusive in terms of young worker health education interventions and their evaluation; and

(b) Demonstrates capacity to conduct the program.

2. Goals and Specific Time-Framed Objectives (15%)

The extent to which the applicant has included goals and objectives which are relevant to the purpose of the proposal and feasible to be accomplished during the project period and the extent to which these are specific and measurable. The extent to which the objectives are specific, time-framed, and measurable. The extent to which the

applicant documents an intention to undertake additional activities to either sustain or enlarge this activity should additional funds become available.

3. Methods (30%)

The extent to which the applicant provides a detailed description of proposed activities which are likely to achieve each objective and overall program goals and which includes designation of responsibility for each action undertaken. The extent to which the applicant provides a reasonable and complete schedule for implementing all activities. The extent to which roles of each unit, organization, or agency are described, and coordination and supervision of staff, organizations, and agencies involved in activities are apparent. The extent to which documentation of program organizational location is clear, and shows a coordinated relationship among components forming the applicant's intervention program. The extent to which position descriptions, *curriculum vitae*, and lines of command are appropriate to accomplishment of program goals and objectives. The extent to which concurrences with the applicant's plans are specific and documented.

4. Evaluation (30%)

The extent to which the proposed evaluation system is detailed and will document program process, effectiveness (of strategies employed on intermediate outcomes), and impacts (of strategies and intermediate outcomes on broader outcome measures). The extent to which the applicant demonstrates potential data sources for evaluation purposes, and documents staff availability, expertise, and capacity to perform the evaluation. The extent to which a feasible plan for reporting evaluation results for programmatic decisions is included.

5. Collaboration (15%)

The extent to which relationships between the program and other organizations, agencies, and health department units that will relate to the program or conduct related activities are clear, complete, and provide for complimentary or supplementary working interactions. The extent to which coalition membership and roles are documented and appropriate to the program. The extent to which the relationship with local community entities are activity-specific and show evidence of specific support.

6. Budget and Justification (Not Scored)

The extent to which the applicant provides a detailed budget and narrative justification consistent with stated objectives and planned program activities. The budget information will be reviewed to determine if it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their state Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. Indian tribes are strongly encouraged to request tribal government review of the proposed application. A current list of SPOCs is included in the application kit.

If SPOCs or tribal governments have any State process recommendations on applications submitted to CDC, they should send them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State or tribal process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based non-governmental applicants must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the receipt date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

1. A copy of the face page of the application (SF 424).

2. A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceeding one page, and include the following:

- a. A description of the population to be served;
- b. A summary of the services to be provided; and
- c. A description of the coordination plans with the appropriate State and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State SPOC or directly from the applicant.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.263.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

The original and two copies of the PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Henry Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and

Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 5, 1995.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the independent review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information, call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 554. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Ray Sinclair, Television Production Specialist, DTMD, National Institute for Occupational Safety and Health, MS C-3, Centers for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8172.

Please refer to Announcement 554 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office,

Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: May 15, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

References

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8. Jackson C, Fortmann SP, Flora JA, Melton RJ, Snider JP, Littlefield D, (1994) The capacity-building approach to intervention maintenance implemented by the Stanford Five-City Project. *Health Education Research*, 9, 3:385-396.
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[FR Doc. 95-12325 Filed 5-18-95; 8:45 am]

BILLING CODE 4163-19-P

Hospital Infection Control Practices Advisory Committee: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Hospital Infection Control Practices Advisory Committee.

Times and Dates: 8:30 a.m.-5 p.m., June 12, 1995. 8:30 a.m.-4 p.m., June 13, 1995.

Place: CDC, Auditorium A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with providing advice and guidance to the

Secretary, the Assistant Secretary for Health, the Director, CDC, and the Director, National Center for Infectious Diseases (NCID), regarding the practice of hospital infection control and strategies for surveillance, prevention, and control of nosocomial infections in U.S. hospitals and updating of guidelines and other policy statements regarding prevention of nosocomial infections.

Matters to be Discussed: The agenda will include review and discussion of public comments regarding the draft Guideline for Isolation Precautions in Hospitals, review of the status of the draft Guideline for the Prevention of Nosocomial Intravascular Device-Related Infections, review of the status of the proposed first draft of the Guideline for Infection Control in Hospital Personnel, and an update on CDC activities of interest to the committee. Agenda items are subject to change as priorities dictate.

Contract Person for More Information: Marsha A. Jones, Associate Director for Management, Hospital Infections Programs, NCID, CDC, 1600 Clifton Road, NE, Mailstop A-07, Atlanta, Georgia 30333, telephone 404/639-6402.

Dated: May 12, 1995.

Julia M. Fuller,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 94-12326 Filed 5-18-95; 8:45 am]

BILLING CODE 4163-18-M

National Committee on Vital and Health Statistics: Meeting

Pursuant to Pub. L. 92-463, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), announces the following committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS).

Times and Dates: 1 p.m.-5 p.m., June 14, 1995. 9 a.m.-5 p.m., June 15, 1995. 9 a.m.-3 p.m., June 16, 1995.

Place: Room 703A, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open.

Purpose: The purpose of this meeting is for the committee to consider reports from each NCVHS subcommittee; to receive reports from offices of the Department of Health and Human Services; to receive a report from the Center for Health Policy Studies on a working compendium of core health data sets currently in use or proposed for use for person level and event level in the United States; to discuss the Unified Medical Language System developed by the National Library of Medicine; and to address new business as appropriate.

Contact Person for More Information: Substantive program information as well as summaries of the meeting and a roster of committee members may be obtained from Gail F. Fisher, Ph.D., Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road,

Hyattsville, Maryland 20782, telephone 301/436-7050.

Dated: May 12, 1995.

Julia M. Fuller,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 94-12327 Filed 5-18-94; 8:45 am]

BILLING CODE 4163-18-M

Food and Drug Administration

[Docket No. 94F-0431]

Asahi Chemical Industry Co., Ltd.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Asahi Chemical Industry Co., Ltd., has filed a petition proposing that the food additive regulations be amended to provide for the safe use of two grades of dimethylpolysiloxane with viscosities of 100 centistokes and 50 centistokes, intended for use as release agents in the manufacture of thermoplastic elastomers.

DATES: Written comments on the petitioner's environmental assessment by June 19, 1995.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA-305), Food and Drug Administration, rm. 1-23, 12420 Parklawn Dr., Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Julius Smith, Center for Food Safety and Applied Nutrition (HFS-216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3091.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a petition (FAP 3B4396) has been filed by Asahi Chemical Industry Co., Ltd., Hibiya-Mitsui Bldg., 1-2, Yuraku-cho 1-Chome, Chiyoda-ku, Tokyo, T100, Japan. The petition proposes to amend the food additive regulations to provide for the safe use of two grades of dimethylpolysiloxane with viscosities of 100 centistokes and 50 centistokes, intended for use as release agents in the manufacture of thermoplastic elastomers.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental