Appendix 4.1D

Health Risk Assessment Support Data

Health Risk Assessment Process, Goals, Assumptions, and Uses

"In recent years, the public has become increasingly aware of the presence of harmful chemicals in our environment. Many people express concerns about pesticides and other foreign substances in food, contaminants in drinking water, and toxic pollutants in the air. Others believe these concerns are exaggerated or unwarranted. How can we determine which of these potential hazards really deserve attention? How do we, as a society, decide where to focus our efforts and resources to control these hazards? When we hear about toxic threats that affect us personally, such as the discovery of industrial waste buried in our neighborhood or near our children's school, how concerned should we be?

Health risk assessment is a scientific tool designed to help answer these questions. Government agencies rely on risk assessments to help them determine which potential hazards are the most significant. Risk assessments can also guide regulators in abating environmental hazards. Members of the public who learn the basics of risk assessment can improve their understanding of both real and perceived environmental hazards, and they can work more effectively with decision makers on solutions to environmental problems.

Chemicals can be either beneficial or harmful, depending on a number of factors, such as the amounts to which we are exposed. Low levels of some substances may be necessary for good health, but higher levels may be harmful. Health risk assessments are used to determine if a particular chemical poses a significant risk to human health and, if so, under what circumstances. Could exposure to a specific chemical cause significant health problems? How much of the chemical would someone have to be exposed to before it would be dangerous? How serious could the health risks be? What activities might put people at increased risk?

If it were possible to prevent all human exposure to all hazardous chemicals, there would be no need for risk assessment. However, the total removal of harmful pollutants from the environment is often infeasible or impossible, and many naturally occurring substances also pose health risks. Risk assessment helps scientists and regulators identify serious health hazards and determine realistic goals for reducing exposure to toxics so that there is no significant health threat to the public.

Estimating the hazards posed by toxic chemicals in the environment involves the compilation and evaluation of complex sets of data. Government regulators, therefore, turn to specialists to perform or assist with risk assessments. These specialists include scientists with degrees in toxicology (the study of the toxic effects of chemicals) and epidemiology (the study of disease or illness in populations) as well as physicians, biologists, chemists, and engineers.

The term "health risk assessment" is often misinterpreted. People sometimes think that a risk assessment will tell them whether a current health problem or symptom was caused by exposure

to a chemical. This is not the case. Scientists who are searching for links between chemical exposures and health problems in a community may conduct an epidemiologic study. These studies typically include a survey of health problems in a community and a comparison of health problems in that community with those in other cities, communities, or the population as a whole.

Although they are both important, health risk assessments and epidemiologic studies have different objectives. Most epidemiologic studies evaluate whether *past* chemical exposures may be responsible for documented health problems in a specific group of people. In contrast, health risk assessments are used to estimate whether current or future chemical exposures will pose health risks to a broad population, such as a city or a community. Scientific methods used in health risk assessment cannot be used to link individual illnesses to past chemical exposures, nor can health risk assessments and epidemiologic studies prove that a specific toxic substance caused an individual's illness.

The U.S. Environmental Protection Agency (U.S. EPA) is a leading risk assessment agency at the federal level. In California, the Office of Environmental Health Hazard Assessment (OEHHA) in the California Environmental Protection Agency (Cal/EPA) has the primary responsibility for developing procedures and practices for performing health risk assessments. Other agencies within Cal/EPA, such as the Department of Pesticide Regulation and the Department of Toxic Substances Control, have extensive risk assessment programs of their own but work closely with OEHHA.

The Department of Pesticide Regulation uses risk assessments to make regulatory decisions concerning safe pesticide uses. The Department of Toxic Substances Control uses risk assessments to determine requirements for the management and cleanup of hazardous wastes. OEHHA's health risk assessments are used by the Air Resources Board to develop regulations governing toxic air contaminants, and by the Department of Health Services to develop California's drinking water standards. These agencies' decisions take into account the seriousness of potential health effects along with the economic and technical feasibility of measures that can reduce the health risks.

Health risk assessment requires both sound science and professional judgment and is a constantly developing process. Cal/EPA is nationally recognized for developing new procedures that improve the accuracy of risk assessments. Cal/EPA also works closely with U.S. EPA in all phases of risk assessment.

The risk assessment process is typically described as consisting of four basic steps: hazard identification, exposure assessment, dose-response assessment, and risk characterization. Each of these steps will be explained in the following text.

Hazard Identification

In the first step, hazard identification, scientists determine the types of health problems a chemical could cause by reviewing studies of its effects in humans and laboratory animals. Depending on the chemical, these health effects may include short-term ailments, such as headaches; nausea; and eye, nose, and throat irritation; or chronic diseases, such as cancer. Effects on sensitive populations, such as pregnant women and their developing fetuses, the elderly, or those with health problems

(including those with weakened immune systems), must also be considered. Responses to toxic chemicals will vary depending on the amount and length of exposure. For example, short-term exposure to low concentrations of chemicals may produce no noticeable effect, but continued exposure to the same levels of chemicals over a long period of time may eventually cause harm. An important step in hazard identification is the selection of key research studies that can provide accurate, timely information on the hazards posed to humans by a particular chemical. The selection of a study is based upon factors such as whether the study has been peer reviewed by qualified scientists, whether the study's findings have been verified by other studies, and the species tested (human studies provide the best evidence). Some studies may involve humans that have been exposed to the chemical, while others may involve studies with laboratory animals.

Human data frequently are useful in evaluating human health risks associated with chemical exposures. Human epidemiologic studies typically examine the effects of chemical exposure on a large number of people, such as employees exposed to varying concentrations of chemicals in the workplace. In many cases, these exposures took place prior to the introduction of modern worker-safety measures.

One weakness of occupational studies is that they generally measure the effects of chemicals on healthy workers and do not consider children, the elderly, those with pre-existing medical conditions, or other sensitive groups. Since occupational studies are not controlled experiments, there may be uncertainties about the amount and duration of exposure or the influence of lifestyle choices, such as smoking or alcohol use, on the health of workers in the studies. Exposure of workers to other chemicals at the same time may also influence and complicate the results.

Laboratory studies using human volunteers are better able to gauge some health effects because chemical exposures can then be measured with precision. But these studies usually involve small numbers of people and, in conformance with ethical and legal requirements, use only adults who agree to participate in the studies. Moreover, laboratory studies often use simple measurements that identify immediate responses to the chemical but might miss significant, longer-term health effects. Scientists can also use physicians' case reports of an industrial or transportation accident in which individuals were unintentionally exposed to a chemical. However, these reports may involve very small numbers of people, and the level of exposure to the chemical could be greater than exposures to the same chemical in the environment. Nevertheless, human studies are preferred for risk assessment, so OEHHA makes every effort to use them when they are available.

Because the effects of the vast majority of chemicals have not been studied in humans, scientists must often rely on animal studies to evaluate a chemical's health effects. Animal studies have the advantage of being performed under controlled laboratory conditions that reduce much of the uncertainty related to human studies. If animal studies are used, scientists must determine whether a chemical's health effects in humans are likely to be similar to those in the animals tested. Although effects seen in animals can also occur in humans, there may be subtle or even significant differences in the ways humans and experimental animals react to a chemical. Comparison of human and animal metabolism may be useful in selecting the animal species that should be studied, but it is often not possible to determine which species is most like humans in its response to a chemical exposure. However, if similar effects were found in more than one species, the results would strengthen the evidence that humans may also be at risk.

Exposure Assessment

In exposure assessment, scientists attempt to determine how long people were exposed to a chemical; how much of the chemical they were exposed to; whether the exposure was continuous or intermittent; and how people were exposed—through eating, drinking water and other liquids, breathing, or skin contact. All of this information is combined with factors such as breathing rates, water consumption, and daily activity patterns to estimate how much of the chemical was taken into the bodies of those exposed.

People can be exposed to toxic chemicals in various ways. These substances can be present in the air we breathe, the food we eat, or the water we drink. Some chemicals, due to their particular characteristics, may be both inhaled and ingested. For example, airborne chemicals can settle on the surface of water, soil, leaves, fruits, vegetables, and forage crops used as animal feed. Cows, chickens, or other livestock can become contaminated when eating, drinking, or breathing the chemicals present in the air, water, feed, and soil. Fish can absorb the chemicals as they swim in contaminated water or ingest contaminated food. Chemicals can be absorbed through the skin, so infants and children can be exposed simply by crawling or playing in contaminated dirt. They can also ingest chemicals if they put their fingers or toys in their mouths after playing in contaminated dirt. Chemicals can also be passed on from nursing mothers to their children through breast milk.

To estimate exposure levels, scientists rely on air, water, and soil monitoring; human blood and urine samples; or computer modeling. Although monitoring of a pollutant provides excellent data, it is time consuming, costly, and typically limited to only a few locations. For those reasons, scientists often rely on computer modeling, which uses mathematical equations to describe how a chemical is released and to estimate the speed and direction of its movement through the surrounding environment. Modeling has the advantage of being relatively inexpensive and less time consuming, provided all necessary information is available and the accuracy of the model can be verified through testing.

Computer modeling is often used to assess chemical releases from industrial facilities. Such models require information on the type of chemicals released, facilities' hours of operation, industrial processes that release the chemicals, smokestack height and temperature, any pollution-control equipment that is used, surrounding land type (urban or rural), local topography and meteorology, and census data regarding the exposed population.

In all health risk assessments, scientists must make assumptions in order to estimate human exposure to a chemical. For example, scientists assessing the effects of air pollution may need to make assumptions about the time people spend outdoors, where they are more directly exposed to pollutants in the ambient air, or the time they spend in an area where the pollution is greatest. An assessment of soil contamination may require scientists to make assumptions about people's consumption of fruits and vegetables that may absorb soil contaminants.

To avoid underestimating actual human exposure to a chemical, scientists often look at the range of possible exposures. For example, people who jog in the afternoon, when urban air pollution levels are highest, would have much higher exposures to air pollutants than people who come home after work and relax indoors. Basing an exposure estimate on a value near the higher end of

a range of exposure levels (closer to the levels experienced by the jogger than by the person remaining indoors) provides a realistic worst-case estimate of exposure. These kinds of conservative assumptions, which presume that people are exposed to the highest amounts of a chemical that can be considered credible, are referred to as "health-protective" assumptions.

Dose-Response Assessment

In dose-response assessment, scientists evaluate the information obtained during the hazard identification step to estimate the amount of a chemical that is likely to result in a particular health effect in humans.

An established principle in toxicology is that "the dose makes the poison." For example, a commonplace chemical like table salt is harmless in small quantities, but it can cause illness in large doses. Similarly, hydrochloric acid, a hazardous chemical, is produced naturally in our stomachs but can be quite harmful if taken in large doses.

Scientists perform a dose-response assessment to estimate how different levels of exposure to a chemical can impact the likelihood and severity of health effects. The dose-response relationship is often different for many chemicals that cause cancer than it is for those that cause other kinds of health problems.

Cancer Effects

For chemicals that cause cancer, the general assumption in risk assessment has been that there are no exposures that have "zero risk" unless there is clear evidence otherwise. In other words, even a very low exposure to a cancer-causing chemical may result in cancer if the chemical happens to alter cellular functions in a way that causes cancer to develop. Thus, even very low exposures to carcinogens might increase the risk of cancer, if only by a very small amount.

Several factors make it difficult to estimate the risk of cancer. Cancer appears to be a progressive disease because a series of cellular transformations is thought to occur before cancer develops. In addition, cancer in humans often develops many years after exposure to a chemical. Also, the best information available on the ability of chemicals to cause cancer often comes from studies in which a limited number of laboratory animals are exposed to levels of chemicals that are much higher than the levels humans would normally be exposed to in the environment. As a result, scientists use mathematical models based on studies of animals exposed to high levels of a chemical to estimate the probability of cancer developing in a diverse population of humans exposed to much lower levels. The uncertainty in these estimates may be rather large. To reduce these uncertainties, risk assessors must stay informed of new scientific research. Data from new studies can be used to improve estimates of cancer risks.

Non-cancer Effects

Non-cancer health effects (such as asthma, nervous system disorders, birth defects, and developmental problems in children) typically become more severe as exposure to a chemical increases. One goal of dose-response assessment is to estimate levels of exposure that pose only a low or negligible risk for non-cancer health effects. Scientists analyze studies of the health effects of a chemical to develop this estimate. They take into account such factors as the quality of the scientific studies, whether humans or laboratory animals were studied, and the degree to which some people may be more sensitive to the chemical than others. The estimated level of exposure

that poses no significant health risks can be reduced to reflect these factors.

Risk Characterization

The last step in risk assessment brings together the information developed in the previous three steps to estimate the risk of health effects in an exposed population. In the risk characterization step, scientists analyze the information developed during the exposure and dose-response assessments to describe the resulting health risks that are expected to occur in the exposed population. This information is presented in different ways for cancer and non-cancer health effects, as explained below.

Cancer Risk

Cancer risk is often expressed as the maximum number of new cases of cancer projected to occur in a population of one million people due to exposure to the cancer-causing substance over a 70-year lifetime. For example, a cancer risk of one in one million means that in a population of one million people, not more than one additional person would be expected to develop cancer as the result of the exposure to the substance causing that risk.

An individual's actual risk of contracting cancer from exposure to a chemical is often less than the theoretical risk to the entire population calculated in the risk assessment. For example, the risk estimate for a drinking-water contaminant may be based on the health-protective assumption that the individual drinks two liters of water from a contaminated source daily over a 70-year lifetime. However, an individual's actual exposure to that contaminant would likely be lower due to a shorter time of residence in the area. Moreover, an individual's risk not only depends on the individual's exposure to a specific chemical but also on his or her genetic background (i.e., a family history of certain types of cancer); health; diet; and lifestyle choices, such as smoking or alcohol consumption.

Cancer risks presented in risk assessments are often compared to the overall risk of cancer in the general U.S. population (about 250,000 cases for every one million people) or to the risk posed by all harmful chemicals in a particular medium, such as the air. The cancer risk from breathing current levels of pollutants in California's ambient air over a 70-year lifetime is estimated to be 760 in one million.

Non-cancer Risk

Non-cancer risk is usually determined by comparing the actual level of exposure to a chemical to the level of exposure that is not expected to cause any adverse effects, even in the most susceptible people. Levels of exposure at which no adverse health effects are expected are called "health reference levels," and they generally are based on the results of animal studies. However, scientists usually set health reference levels much lower than the levels of exposure that were found to have no adverse effects in the animals tested. This approach helps to ensure that real health risks are not underestimated by adjusting for possible differences in a chemical's effects on laboratory animals and humans; the possibility that some humans, such as children and the elderly, may be particularly sensitive to a chemical; and possible deficiencies in data from the animal studies.

Depending on the amount of uncertainty in the data, scientists may set a health reference level 100 to 10,000 times lower than the levels of exposure observed to have no adverse effects in

animal studies. Exposures above the health reference level are not necessarily hazardous, but the risk of toxic effects increases as the dose increases. If an assessment determines that human exposure to a chemical exceeds the health reference level, further investigation is warranted.

Risk managers rely on risk assessments when making regulatory decisions, such as setting drinking water standards, or developing plans to clean up hazardous waste sites. Risk managers are responsible for protecting human health, but they must also consider public acceptance, as well as technological, economic, social, and political factors, when arriving at their decisions. For example, they may need to consider how much it would cost to remove a contaminant from drinking water supplies or how seriously the loss of jobs would affect a community if a factory were to close due to the challenge of meeting regulatory requirements that are set at the most stringent level.

Health risk assessments can help risk managers weigh the benefits and costs of various alternatives for reducing exposure to chemicals. For example, a health risk assessment of a hazardous waste site could help determine whether placing a clay cap over the waste to prevent exposure would offer the same health protection as the more costly option of removing the waste from the site.

One of the most difficult questions of risk management is: How much risk is acceptable? While it would be ideal to completely eliminate all exposure to hazardous chemicals, it is usually not possible or feasible to remove all traces of a chemical once it has been released into the environment. The goal of most regulators is to reduce the health risks associated with exposure to hazardous pollutants to a negligibly low level.

Regulators generally presume that a one-in-one million risk of cancer from life-long exposure to a hazardous chemical is an "acceptable risk" level because the risk is extremely low compared to the overall cancer rate. If a drinking water standard for a cancer-causing chemical were set at the level posing a "one-in-one million" risk, it would mean that not more than one additional cancer case (beyond what would normally occur in the population) would potentially occur in a population of one million people drinking water meeting that standard over a 70-year lifetime.

Actual regulatory standards for chemicals or hazardous waste cleanups may be set at less stringent risk levels, such as one in 100,000 (not more than one additional cancer case per 100,000 people) or one in 10,000 (not more than one additional cancer case per 10,000 people). These less stringent risk levels are often due to economic or technological considerations. Regulatory agencies generally view these higher risk levels to be acceptable if there is no feasible way to reduce the risks further."[1]

[1] A Guide to Health Risk Assessment, CalEPA-Office of Environmental Health Hazard Assessment, 2001.

The exposure and dose-response estimates for the project analysis were conducted using HARP (Version 1.4f).

The following tables summarize the results of the HRA performed by the proposed PSEGS facility.

TABLE 4.1D-1 CRITERIA AND AIR TOXIC POLLUTANTS EMITTED FROM PSEGS FACILITY	
NOx	Diesel Particulate Matter
CO	Copper
VOC*	Beryllium
SOx	Acetaldehyde
PM10/PM2.5	Acrolein
1-3 Butadiene	Benzene
Formaldehyde	Ethylbenzene
PAHs	Hexane
Propylene	Naphthalene
Toluene	Propylene Oxide
	Xylenes

Table 4.1D-2 Significant Health Effect Threshold Levels for SCAQMD	
Risk Category	Risk Threshold*
Cancer Risk	>1.0 x 10^{-6} without TBACT >10 x 10^{-6} with TBACT
Chronic Hazard Index	>1.0
Acute Hazard Index	>1.0
Cancer Burden	>0.5

*Per Rule 1401 SCAQMD at the MIR (PMI).

No specific health related studies prepared by either the local health department or the local air district were identified which pertain to the local project area for any identified toxic air pollutant or identified specific population.

The other assumptions used in running the HARP program were as follows:

- Emission rates for non-criteria pollutants are taken from Section 4.1, and from Appendix 4.1A.
- Number of residents affected is based upon the 2010 population data for those census tracts or portions of census tracts which lie within the maximum impact receptor radius of the proposed facility.
- All receptors were treated as residential receptors, which allows for the assumption that the MIR, if assumed residential, will represent the highest risk and no other receptor will show risks higher than the MIR. This deletes the need for running worker risks. The HARP risk run options as recommended by South Coast AQMD (Chico, 10-20-05) were utilized (i.e., for cancer – 70-year and derived adjusted method; for chronic – 70-year and derived OEHHA method; for acute – no options).
- Based on the previous bullet, the MIR is the highest offsite point of maximum impact (PMI) that cannot be deleted from the HRA analysis due to not meeting the criteria of a receptor than can be inhabited for the entire exposure period, i.e., receptors in roadways, riverbeds, parks, etc., are not considered in the MIR (PMI) receptor selection.

- Deposition velocity is taken to be 0.02 m/s, as recommended by ARB for controlled emission sources.
- Fraction of residents with gardens is taken to be 0.15 which is likely conservatively high for the rural (desert) area near the project site.
- Fraction of produce grown at home is taken to be 0.15, which is also likely to be conservatively high for the rural (desert) area near the project site.

The HARP program is a tool that assists with the programmatic requirements of the Air Toxics Hot Spots Program, and it can be used for preparing health risk assessments for other related programs such as air toxic control measure development or facility permitting applications. HARP is a computer based risk assessment program which combines the tools of emission inventory database, facility prioritization, air dispersion modeling, and risk assessment analysis. Use of HARP promotes statewide consistency in the area of risk assessment, increases the efficiency of evaluating potential health impacts, and provides a cost effective tool for developing facility health risk assessments. HARP may be used on single sources, facilities with multiple sources, or multiple facilities in close proximity to each other. The receptor grid used in HARP was the same as the grid used in the air quality impact analysis (AERMOD). The AERMOD files used in the HARP analysis were processed via the HARP On-Ramp program.

The HARP program results for acute and chronic inhalation and chronic non-inhalation exposures, cancer burden and individual cancer risk (workplace and residential) for the proposed sources are included in this Appendix (as electronic files on the CD).

The modeling results show that the maximum modeled cancer risk (MIR) from PSEGS is expected to be $4.03xE^{-6}$. This risk is well below the ten in one million level (with T-BACT), and the SCAQMD significance value. The chronic and acute non-cancer hazard indices are 0.00253 and 0.000108, respectively (at the cancer MIR location). Both are well below the significant impact level of 1.0. The 1×10^{-6} isopleth was located approximately 6,000 feet from the site grid center. At this radius there are no impacted populations, therefore the total cancer burden was calculated to be 0.0, which is also well below the District threshold value of 1.0. Detailed calculations and results for each significant receptor are included in the modeling results, which are being submitted electronically.

TABLE 4.1D-3 HEALTH RISK ASSESSMENT SUMMARY (MIR)		
Stationary Sources Only		
Risk Category	Facility Values	Applicable Significance Threshold
Cancer Risk	4.03E-6	See Table 4.1D-2
Chronic Hazard Index	0.00253	
Acute Hazard Index	0.000108	
Cancer Burden	0	
Facility MIR location coordinates are: Cancer risk and chronic MIR – 664307mE, 3728120mN (Grid Receptor 353) Acute MIR location coordinates are: Acute MIR – 672600mE, 3726800mN (Grid Receptor 5551)		

Diesel Fuel Related Health Risk

With respect to emissions from diesel fueled engines, use of the diesel PM emissions factor and exposure factors is approved by CARB for the characterization of diesel engine exhaust and subsequent risk exposures. The diesel PM factor includes the range of fuel bound, and potentially emitted metals, PAHs, and a wide variety of other semi-volatile substances. CARB notes the following in Appendix K of the current HARP Users Manual:

1. The surrogate for whole diesel exhaust is diesel PM. PM10 is the basis for the potential risk calculations.
2. When conducting an HRA, the potential cancer risk from inhalation exposure to diesel PM will outweigh the potential non-cancer health effects.
3. When comparing whole diesel exhaust to speciated diesel exhaust, potential cancer risk from inhalation exposure to whole diesel exhaust will outweigh the multi-pathway cancer risk from the speciated compounds. For this reason, there will be few situations where an analysis of multi-pathway risk is necessary.

<u>With respect to diesel particulate related risk values, the following should be noted:</u>

The US Department of Energy (DOE) as well as the US Environmental Protection Agency (EPA) have disagreed with the CARB/OEHHA and South Coast AQMD positions on the relative threat and relative contribution of diesel exhaust to "toxic" air pollution, and neither of the agencies, including the EPA's prestigious Health Effects Institute identify diesel exhaust as a "known" carcinogen, since the scientific studies show only "weak" cancer links. EPA and DOE believe that the studies relied upon by CARB and SCAQMD are flawed in that they use a problematic elemental carbon surrogate for ambient diesel particulate matter and ignored a significant portion of PM2.5 captured at the SCAQMD's own monitoring stations. In view of these conflicting studies, we suggest that caution be used in the decision making process regarding diesel PM and its associated risks, i.e., the actual risks may be much lower than those calculated by HARP. In turn, the overall risk calculated for the facility may be lower than calculated due to the influence of DPM risk. For these reasons, the risk table above reports the facility risk values with DPM. For purposes of cumulative risk assessment in Section 4.1, facility values with the DPM are used.

The calculated health effects as summarized above do not exceed the district significance threshold values, therefore the health effects would be considered "not significant" and may even be "zero". These results are also provided on the air modeling CD.

The following tables and figures are presented at the end of this appendix:

Table 4.1D-4	Sensitive Receptor Listing for the Primary Impact Area
Table 4.1D-5	OEHHA/CARB Risk Assessment Health Values
Table 4.1D-6	Census Tract Numbers and Population Data
Figure 4.1D-1	Map of Census Tracts in the Site Area
Figure 4.1D-2	6-Mile Radius Zone Map
Figure 4.1D-3	3 Highest Cancer MIR Locations

Table 4.1D-6 Census Tract Numbers and Population Data (2010)

Tract Number	Tract Population (2010)
469	2,043

Table 4.1D-4 Sensitive Receptors and Residential and Worker Receptors Within the Regional Area of the Project

Receptor ID	Receptor Type	UTM Coordinates (E/N), m	Elevation, Ft (amsl)
Res1	Residential	663279, 3731200	547
Res2	Residential	671277, 3731139	608
Res3	Residential	662726, 3731944	531
Res4	Residential	660412, 3729285	743
Wrk1	Worker	656712, 3729799	801
Wrk2	Worker	656391, 3729993	792
Wrk3	Worker	655577, 3736169	523
Wrk4	Worker (Airport)	654590, 3736110	541
Wrk5	Worker (Radio Tower)	662419, 3728213	718
Wrk6	Worker (Radio Tower)	662353, 3728203	725
Wrk7	Worker (Radio Tower)	662364, 3728143	727
Wrk8	Worker	662276, 3728405	716

All coordinates from Google Earth (center location of each receptor location).

Based on a 6-mile radius area search. The nearest school is located approximately 10 miles west of the site.

Table 4.1D-5 (15 pages)

CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date Value Reviewed [Added]	Inhalation Unit Risk (µg/m³)⁻¹	Inhalation Cancer Potency Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	MWAF
ACETALDEHYDE	75-07-0	4.7E+02	12/08	3.0E+02	12/08	1.4E+02	12/08			2.7E-06	1.0E-02	4/99 [5/93]			1
ACETAMIDE	60-35-5									2.0E-05	7.0E-02	4/99			1
ACROLEIN	107-02-8	2.5E+00	12/08	7.0E-01	12/08	3.5E-01	12/08								1
ACRYLAMIDE	79-06-1									1.3E-03	4.5E+00	4/99 [7/90]			1
ACRYLIC ACID	79-10-7	6.0E+03	4/99												1
ACRYLONITRILE	107-13-1					5.0E+00	12/01			2.9E-04	1.0E+00	4/99 [1/91]			1
ALLYL CHLORIDE	107-05-1									6.0E-06	2.1E-02	4/99			1
2-AMINOANTHRAQUINONE	117-79-3									9.4E-06	3.3E-02	4/99			1
AMMONIA	7664-41-7	3.2E+03	4/99			2.0E+02	2/00								1
ANILINE	62-53-3									1.6E-06	5.7E-03	4/99			1
ARSENIC AND COMPOUNDS (INORGANIC) TAC	7440-38-2 1016 [1015]	2.0E-01	12/08	1.5E-02	12/08	1.5E-02	12/08	3.5E-06	12/08	3.3E-03 TAC	1.2E+01	7/90	1.5E+00	10/00	1
ARSINE	7784-42-1	2.0E-01	12/08	1.5E-02	12/08	1.5E-02	12/08								1
ASBESTOS TAC ¤	1332-21-4									1.9E-04 TAC ¤	2.2E+02	3/86			333.33
BENZENE TAC	71-43-2	1.3E+03	4/99			6.0E+01	2/00			2.9E-05 TAC	1.0E-01	1/85			1
BENZIDINE (AND ITS SALTS) *values also apply to:*	92-87-5									1.4E-01	5.0E+02	4/99 [1/91]			1
Benzidine based dyes	*1020*									*1.4E-01*	*5.0E+02*	*4/99 [1/91]*			*1*
Direct Black 38	*1937-37-7*									*1.4E-01*	*5.0E+02*	*4/99 [1/91]*			*1*
Direct Blue 6	*2602-46-2*									*1.4E-01*	*5.0E+02*	*4/99 [1/91]*			*1*
Direct Brown 95 (technical grade)	*16071-86-6*									*1.4E-01*	*5.0E+02*	*4/99 [1/91]*			*1*
BENZYL CHLORIDE	100-44-7	2.4E+02	4/99							4.9E-05	1.7E-01	4/99			1
BERYLLIUM AND COMPOUNDS	7440-41-7 [1021]					7.0E-03	12/01	2.0E-03	12/01	2.4E-03	8.4E+00	4/99 [7/90]			1
BIS(2-CHLOROETHYL)ETHER (Dichloroethyl ether)	111-44-4									7.1E-04	2.5E+00	4/99			1
BIS(CHLOROMETHYL)ETHER	542-88-1									1.3E-02	4.6E+01	4/99 [1/91]			1
BROMINE AND COMPOUNDS	7726-95-6 [1040]														1
POTASSIUM BROMATE	7758-01-2									1.4E-04	4.9E-01	4/99 [10/93]			1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date Value Reviewed [Added]◆	8-Hour Inhalation (µg/m³)	Date Value Reviewed [Added]◆	Chronic Inhalation (µg/m³)	Date Value Reviewed [Added]◆	Chronic Oral (mg/kg-d)	Date Value Reviewed [Added]◆	Inhalation Unit Risk (µg/m³)⁻¹*	Inhalation Cancer Potency Factor (mg/kg-d)⁻¹*	Date Value Reviewed [Added]◆	Oral Slope Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]◆	MWAF✣
1,3-BUTADIENE TAC	106-99-0					2.0E+01	1/01			1.7E-04 TAC	6.0E-01	7/92			1
CADMIUM AND COMPOUNDS TAC	7440-43-9 [1045]					2.0E-02	1/01	5.0E-04	10/00	4.2E-03 TAC	1.5E+01	1/87			1
CARBON DISULFIDE	75-15-0	6.2E+03	4/99			8.0E+02	5/02								1
CARBON MONOXIDE	630-08-0	2.3E+04	4/99												1
CARBON TETRACHLORIDE TAC (Tetrachloromethane)	56-23-5	1.9E+03	4/99			4.0E+01	1/01			4.2E-05 TAC	1.5E-01	9/87			1
CHLORINATED PARAFFINS	108171-26-2									2.5E-05	8.9E-02	4/99			1
CHLORINE	7782-50-5	2.1E+02	4/99			2.0E-01	2/00								1
CHLORINE DIOXIDE	10049-04-4					6.0E-01	1/01								1
4-CHLORO-O-PHENYLENEDIAMINE	95-83-0									4.6E-06	1.6E-02	4/99			1
CHLOROBENZENE	108-90-7					1.0E+03	1/01								1
CHLOROFORM TAC	67-66-3	1.5E+02	4/99			3.0E+02	4/00			5.3E-06 TAC	1.9E-02	12/90			1
Chlorophenols	*1060*														*1*
PENTACHLOROPHENOL	87-86-5									5.1E-06	1.8E-02	4/99			1
2,4,6-TRICHLOROPHENOL	88-06-2									2.0E-05	7.0E-02	4/99 [1/91]			1
CHLOROPICRIN	76-06-2	2.9E+01	4/99			4.0E-01	12/01								1
p-CHLORO-o-TOLUIDINE	95-69-2									7.7E-05	2.7E-01	4/99			1
CHROMIUM 6+ TAC *values also apply to:*	18540-29-9					2.0E-01	1/01	2.0E-02	10/00	1.5E-01 TAC	5.1E+02	1/86	Ø		1
Barium chromate	*10294-40-3*					*2.0E-01*	*1/01*	*2.0E-02*	*10/00*	*1.5E-01 TAC*	*5.1E+02*	*1/86*	Ø		*0.2053*
Calcium chromate	*13765-19-0*					*2.0E-01*	*1/01*	*2.0E-02*	*10/00*	*1.5E-01 TAC*	*5.1E+02*	*1/86*	Ø		*0.3332*
Lead chromate	*7758-97-6*					*2.0E-01*	*1/01*	*2.0E-02*	*10/00*	*1.5E-01 TAC*	*5.1E+02*	*1/86*	Ø		*0.1609*
Sodium dichromate	*10588-01-9*					*2.0E-01*	*1/01*	*2.0E-02*	*10/00*	*1.5E-01 TAC*	*5.1E+02*	*1/86*	Ø		*0.397*
Strontium chromate	*7789-06-2*					*2.0E-01*	*1/01*	*2.0E-02*	*10/00*	*1.5E-01 TAC*	*5.1E+02*	*1/86*	Ø		*0.2554*
CHROMIUM TRIOXIDE (as chromic acid mist)	1333-82-0					2.0E-03	1/01	2.0E-02	10/00	1.5E-01 TAC	5.1E+02	1/86	Ø		0.52
COPPER AND COMPOUNDS	7440-50-8 [1067]	1.0E+02	4/99												1
p-CRESIDINE	120-71-8									4.3E-05	1.5E-01	4/99			1
CRESOLS (mixtures of)	1319-77-3					6.0E+02	1/01								1
m-CRESOL	108-39-4					6.0E+02	1/01								1
o-CRESOL	95-48-7					6.0E+02	1/01								1

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Substance	Chemical Abstract Number ▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date ◆ Value Reviewed [Added]	Inhalation * Unit Risk (µg/m³)⁻¹	Inhalation * Cancer Potency Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	M ÷ W A F
p-CRESOL	106-44-5					6.0E+02	1/01								1
CUPFERRON	135-20-6									6.3E-05	2.2E-01	4/99			1
Cyanide Compounds (inorganic)	*57-12-5 1073*	*3.4E+02*	*4/99*			*9.0E+00*	*4/00*								*1*
HYDROGEN CYANIDE (Hydrocyanic acid)	74-90-8	3.4E+02	4/99			9.0E+00	4/00								1
2,4-DIAMINOANISOLE	615-05-4									6.6E-06	2.3E-02	4/99			1
2,4-DIAMINOTOLUENE	95-80-7									1.1E-03	4.0E+00	4/99			1
1,2-DIBROMO-3-CHLOROPROPANE (DBCP)	96-12-8									2.0E-03	7.0E+00	4/99 [1/92]			1
p-DICHLOROBENZENE	106-46-7					8.0E+02	1/01			1.1E-05	4.0E-02	4/99 [1/91]			1
3,3-DICHLOROBENZIDINE	91-94-1									3.4E-04	1.2E+00	4/99 [1/91]			1
1,1,-DICHLOROETHANE (Ethylidene dichloride)	75-34-3									1.6E-06	5.7E-03	4/99			1
1,1-DICHLOROETHYLENE ... (see Vinylidene Chloride)															
DI(2-ETHYLHEXYL)PHTHALATE (DEHP)	117-81-7									2.4E-06	8.4E-03	4/99 [1/92]	8.4E-03	10/00	1
DIESEL EXHAUST ... (see Particulate Emissions from Diesel-Fueled Engines)															
DIETHANOLAMINE	111-42-2					3.0E+00	12/01								
p-DIMETHYLAMINOAZOBENZENE	60-11-7									1.3E-03	4.6E+00	4/99			1
N,N-DIMETHYL FORMAMIDE	68-12-2					8.0E+01	1/01								1
2,4-DINITROTOLUENE	121-14-2									8.9E-05	3.1E-01	4/99			1
1,4-DIOXANE+ (1,4-Diethylene dioxide)	123-91-1	3.0E+03	4/99			3.0E+03	4/00			7.7E-06	2.7E-02	4/99 [1/91]			1
EPICHLOROHYDRIN (1-Chloro-2,3-epoxypropane)	106-89-8	1.3E+03	4/99			3.0E+00	1/01			2.3E-05	8.0E-02	4/99 [1/92]			1
1,2-EPOXYBUTANE	106-88-7					2.0E+01	1/01								1
ETHYL BENZENE	100-41-4					2.0E+03	2/00			2.5E-06	8.7E-3	11/07			1
ETHYL CHLORIDE (Chloroethane)	75-00-3					3.0E+04	4/00								1
ETHYLENE DIBROMIDE TAC (1,2-Dibromoethane)	106-93-4					8.0E-01	12/01			7.1E-05 TAC	2.5E-01	7/85			1
ETHYLENE DICHLORIDE TAC (1,2-Dichloroethane)	107-06-2					4.0E+02	1/01			2.1E-05 TAC	7.2E-02	9/85			1
ETHYLENE GLYCOL	107-21-1					4.0E+02	4/00								1
ETHYLENE GLYCOL BUTYL ETHER ... (see Glycol ethers)															

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Substance	Chemical Abstract Number	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date Value Reviewed [Added]	Inhalation Unit Risk (µg/m³)⁻¹	Inhalation Cancer Potency Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	MWAF
ETHYLENE OXIDE TAC (1,2-Epoxyethane)	75-21-8					3.0E+01	1/01			8.8E-05 TAC	3.1E-01	11/87			1
ETHYLENE THIOUREA	96-45-7									1.3E-05	4.5E-02	4/99			1
Fluorides	1101	*2.4E+02*	*4/99*			1.3E+01	8/03	4.0E-02	8/03						*1*
HYDROGEN FLUORIDE (Hydrofluoric acid)	7664-39-3	2.4E+02	4/99			1.4E+01	8/03	4.0E-02	8/03						1
FORMALDEHYDE TAC	50-00-0	5.5E+01	12/08	9.0E+00	12/08	9.0E+00	12/08			6.0E-06 TAC	2.1E-02	3/92			1
GLUTARALDEHYDE	111-30-8					8.0E-02	1/01								1
GLYCOL ETHERS	1115														1
ETHYLENE GLYCOL BUTYL ETHER – EGBE	111-76-2	1.4E+04	4/99												1
ETHYLENE GLYCOL ETHYL ETHER – EGEE	110-80-5	3.7E+02	4/99[1/92]			7.0E+01	2/00								1
ETHYLENE GLYCOL ETHYL ETHER ACETATE – EGEEA	111-15-9	1.4E+02	4/99			3.0E+02	2/00								1
ETHYLENE GLYCOL METHYL ETHER – EGME	109-86-4	9.3E+01	4/99			6.0E+01	2/00								1
ETHYLENE GLYCOL METHYL ETHER ACETATE – EGMEA	110-49-6					9.0E+01	2/00								1
HEXACHLOROBENZENE	118-74-1									5.1E-04	1.8E+00	4/99 [1/91]			1
HEXACHLOROCYCLOHEXANES (mixed or technical grade)	608-73-1									1.1E-03	4.0E+00	4/99 [1/91]	4.0E+00	10/00 [1/92]	1
alpha-HEXACHLOROCYCLOHEXANE	319-84-6									1.1E-03	4.0E+00	4/99 [1/91]	4.0E+00	10/00 [1/92]	1
beta-HEXACHLOROCYCLOHEXANE	319-85-7									1.1E-03	4.0E+00	4/99 [1/91]	4.0E+00	10/00 [1/92]	1
gamma-HEXACHLOROCYCLOHEXANE (Lindane)	58-89-9									3.1E-04	1.1E+00	4/99	1.1E+00	10/00	1
n-HEXANE	110-54-3					7.0E+03	4/00								1
HYDRAZINE	302-01-2					2.0E-01	1/01			4.9E-03	1.7E+01	4/99 [7/90]			1
HYDROCHLORIC ACID (Hydrogen chloride)	7647-01-0	2.1E+03	4/99			9.0E+00	2/00								1
HYDROGEN BROMIDE ... (see Bromine & Compounds)															
HYDROGEN CYANIDE ... (see Cyanide & Compounds)															
HYDROGEN FLUORIDE ... (see Fluorides & Compounds)															

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HYDROGEN SELENIDE ... (see Selenium & Compounds)															
HYDROGEN SULFIDE	7783-06-4	4.2E+01	4/99[7/90]			1.0E+01	4/00								1
ISOPHORONE	78-59-1					2.0E+03	12/01								
ISOPROPYL ALCOHOL (Isopropanol)	67-63-0	3.2E+03	4/99			7.0E+03	2/00								1
LEAD AND COMPOUNDS TAC ♫* (inorganic) *values also apply to:*	7439-92-1 1128 [1130]									1.2E-05 TAC	4.2E-02	4/97	8.5E-03	10/00	1
Lead acetate	*301-04-2*									*1.2E-05 TAC*	*4.2E-02*	*4/97*	*8.5E-03*	*10/00*	*0.637*
Lead phosphate	*7446-27-7*									*1.2E-05 TAC*	*4.2E-02*	*4/97*	*8.5E-03*	*10/00*	*0.7659*
Lead subacetate	*1335-32-6*									*1.2E-05 TAC*	*4.2E-02*	*4/97*	*8.5E-03*	*10/00*	*0.7696*
LINDANE ... (see gamma-Hexachlorocyclohexane)															
MALEIC ANHYDRIDE	108-31-6					7.0E-01	12/01								1
MANGANESE AND COMPOUNDS	7439-96-5 [1132]			1.7E-01	12/08	9.0E-02	12/08								1
MERCURY AND COMPOUNDS (INORGANIC)	7439-97-6 [1133]	6.0E-01	12/08	6.0E-02	12/08	3.0E-02	12/08	1.6E-04	12/08						1
Mercuric chloride	*7487-94-7*	*6.0E-01*	*12/08*	*6.0E-02*	*12/08*	*3.0E-02*	*12/08*	*1.6E-04*	*12/08*						*1*
METHANOL	67-56-1	2.8E+04	4/99			4.0E+03	4/00								1
METHYL BROMIDE (Bromomethane)	74-83-9	3.9E+03	4/99			5.0E+00	2/00								1
METHYL tertiary-BUTYL ETHER	1634-04-4					8.0E+03	2/00			2.6E-07	1.8E-03	11/99			1
METHYL CHLOROFORM (1,1,1-Trichloroethane)	71-55-6	6.8E+04	4/99			1.0E+03	2/00								1
METHYL ETHYL KETONE (2-Butanone)	78-93-3	1.3E+04	4/99												1
METHYL ISOCYANATE	624-83-9					1.0E+00	12/01								1
METHYL MERCURY ... (see Mercury & Compounds)															
4,4'-METHYLENE BIS (2-CHLOROANILINE) (MOCA)	101-14-4									4.3E-04	1.5E+00	4/99			1
METHYLENE CHLORIDE TAC (Dichloromethane)	75-09-2	1.4E+04	4/99			4.0E+02	2/00			1.0E-06 TAC	3.5E-03	7/89			1
4,4'-METHYLENE DIANILINE (AND ITS DICHLORIDE)	101-77-9					2.0E+01	12/01			4.6E-04	1.6E+00	4/99	1.6E+00	10/00	1
METHYLENE DIPHENYL ISOCYANATE	101-68-8					7.0E-01	1/01								1
MICHLER'S KETONE (4,4'-Bis(dimethylamino)benzophenone)	90-94-8									2.5E-04	8.6E-01	4/99			1

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		Acute Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	8-Hour Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	Chronic Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date ◆ Value Reviewed [Added]	Inhalation * Unit Risk $(\mu g/m^3)^{-1}$	Inhalation * Cancer Potency Factor $(mg/kg\text{-}d)^{-1}$	Date ◆ Value Reviewed [Added]	Oral Slope Factor $(mg/kg\text{-}d)^{-1}$	Date ◆ Value Reviewed [Added]	M ✣ W A F
N-NITROSODI-n-BUTYLAMINE	924-16-3									3.1E-03	1.1E+01	4/99 [1/92]			1
N-NITROSODI-n-PROPYLAMINE	621-64-7									2.0E-03	7.0E+00	4/99 [1/91]			1
N-NITROSODIETHYLAMINE	55-18-5									1.0E-02	3.6E+01	4/99 [1/91]			1
N-NITROSODIMETHYLAMINE	62-75-9									4.6E-03	1.6E+01	4/99 [1/91]			1
N-NITROSODIPHENYLAMINE	86-30-6									2.6E-06	9.0E-03	4/99			1
N-NITROSO-N-METHYLETHYLAMINE	10595-95-6									6.3E-03	2.2E+01	4/99 [7/90]			1
N-NITROSOMORPHOLINE	59-89-2									1.9E-03	6.7E+00	4/99 [7/92]			1
N-NITROSOPIPERIDINE	100-75-4									2.7E-03	9.4E+00	4/99 [7/92]			1
N-NITROSOPYRROLIDINE	930-55-2									6.0E-04	2.1E+00	4/99 [7/90]			1
NAPHTHALENE ... (see Polycyclic aromatic hydrocarbons)															
NICKEL AND COMPOUNDS TAC *values also apply to:*	7440-02-0 [1145]	2.0E-01	3/12	6.0E-02	3/12	1.4E-02	3/12	1.1E-02	3/12	2.6E-04 TAC	9.1E-01	8/91			1
Nickel acetate	*373-02-4*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.3321*
Nickel carbonate	*3333-67-3*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.4945*
Nickel carbonyl	*13463-39-3*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.3438*
Nickel hydroxide	*12054-48-7*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.6332*
Nickelocene	*1271-28-9*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.4937*
NICKEL OXIDE	1313-99-1	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	2.0E-02	3/12	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			0.7859
Nickel refinery dust from the pyrometallurgical process	*1146*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*1*
Nickel subsulfide	*12035-72-2*	*2.0E-01*	*3/12*	*6.0E-02*	*3/12*	*1.4E-02*	*3/12*	*1.1E-02*	*3/12*	*2.6E-04 TAC*	*9.1E-01*	*8/91*			*0.2443*
NITRIC ACID	7697-37-2	8.6E+01	4/99												1
NITROGEN DIOXIDE	10102-44-0	4.7E+02	4/99[1/92]												1
p-NITROSODIPHENYLAMINE	156-10-5									6.3E-06	2.2E-02	4/99			1
OZONE	10028-15-6	1.8E+02	4/99[1/92]												1
PARTICULATE EMISSIONS FROM DIESEL-FUELED ENGINES TAC ■¶	9901					5.0E+00 TAC	8/98			3.0E-04 TAC	1.1E+00	8/98			1

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PENTACHLOROPHENOL ... (see Chlorophenols)															
PERCHLOROETHYLENE TAC (Tetrachloroethylene)	127-18-4	2.0E+04	4/99			3.5E+01 TAC	10/91			5.9E-06 TAC	2.1E-02	10/91			1
PHENOL	108-95-2	5.8E+03	4/99			2.0E+02	4/00								1
PHOSGENE	75-44-5	4.0E+00	4/99												1
PHOSPHINE	7803-51-2					8.0E-01	9/02								1
PHOSPHORIC ACID	7664-38-2					7.0E+00	2/00								1
PHTHALIC ANHYDRIDE	85-44-9					2.0E+01	1/01								1
PCB (POLYCHLORINATED BIPHENYLS) (unspeciated mixture) [lowest risk] ☼*	1336-36-3									2.0E-05	7.0E-02	4/99	7.0E-02	10/00	1
PCB (POLYCHLORINATED BIPHENYLS) (unspeciated mixture) [low risk] ☼*	1336-36-3									1.1E-04	4.0E-01*		4.0E-01*		1
PCB (POLYCHLORINATED BIPHENYLS) (unspeciated mixture) [high risk] ☼*	1336-36-3									5.7E-04	2.0E+00	4/99	2.0E+00	10/00	1
PCB (POLYCHLORINATED BIPHENYLS (speciated) ϖ															
3,3',4,4'-TETRACHLOROBIPHENYL (PCB 77)	32598-13-3					4.0E-01	8/03	1.0E-04	8/03	3.8E-03	1.3E+01	8/03	1.3E+01	8/03	1
3,4,4',5-TETRACHLOROBIPHENYL (PCB 81)	70362-50-4					1.3E-01	1/11	3.3E-05	1/11	1.1E-02	3.9E+01	1/11	3.9E+01	1/11	1
2,3,3',4,4'-PENTACHLOROBIPHENYL (PCB 105)	32598-14-4					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
2,3,4,4',5-PENTACHLOROBIPHENYL (PCB 114)	74472-37-0					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
2,3',4,4',5-PENTACHLOROBIPHENYL (PCB 118)	31508-00-6					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
2,3',4,4',5'-PENTACHLOROBIPHENYL (PCB 123)	65510-44-3					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
3,3',4,4',5-PENTACHLOROBIPHENYL (PCB 126)	57465-28-8					4.0E-04	8/03	1.0E-07	8/03	3.8E+00	1.3E+04	8/03	1.3E+04	8/03	1
2,3,3',4,4',5-HEXACHLOROBIPHENYL (PCB 156)	38380-08-4					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number ▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date ◆ Value Reviewed [Added]	Inhalation * Unit Risk (µg/m³)⁻¹	Inhalation * Cancer Potency Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	M ✣ W A F
2,3,3',4,4',5'-HEXACHLOROBIPHENYL (PCB 157)	69782-90-7					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
2,3',4,4',5,5'-HEXACHLOROBIPHENYL (PCB 167)	52663-72-6					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
3,3',4,4',5,5'-HEXACHLOROBIPHENYL (PCB 169)	32774-16-6					1.3E-03	1/11	3.3E-07	1/11	1.1E+00	3.9E+03	1/11	3.9E+03	1/11	1
2,3,3',4,4',5,5'-HEPTACHLOROBIPHENYL (PCB 189)	39635-31-9					1.3E+00	1/11	3.3E-04	1/11	1.1E-03	3.9E+00	1/11	3.9E+00	1/11	1
POLYCHLORINATED DIBENZO-*P*-DIOXINS (PCDD) (Treated as 2,3,7,8-TCDD for HRA) TAC ●	1085 1086					4.0E-05	2/00	1.0E-08	10/00	3.8E+01 TAC	1.3E+05	8/86	1.3E+05 TAC	8/86	1
2,3,7,8-TETRACHLORODIBENZO-*P*-DIOXIN TAC	1746-01-6					4.0E-05	2/00	1.0E-08	10/00	3.8E+01 TAC	1.3E+05	8/86	1.3E+05 TAC	8/86	1
1,2,3,7,8-PENTACHLORODIBENZO-*P*-DIOXIN	40321-76-4					4.0E-05	8/03	1.0E-08	8/03	3.8E+01	1.3E+05	8/03	1.3E+05	8/03	1
1,2,3,4,7,8-HEXACHLORODIBENZO-*P*-DIOXIN	39227-28-6					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,6,7,8-HEXACHLORODIBENZO-*P*-DIOXIN	57653-85-7					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,7,8,9-HEXACHLORODIBENZO-*P*-DIOXIN	19408-74-3					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,4,6,7,8-HEPTACHLORODIBENZO-*P*-DIOXIN	35822-46-9					4.0E-03	2/00	1.0E-06	10/00	3.8E-01	1.3E+03	4/99	1.3E+03	10/00	1
1,2,3,4,6,7,8,9-OCTACHLORODIBENZO-*P*-DIOXIN	3268-87-9					1.3E-01	1/11	3.3E-05	1/11	1.1E-02	3.9E+01	1/11	3.9E+01	1/11	1
POLYCHLORINATED DIBENZOFURANS (PCDF) TAC ● (Treated as 2,3,7,8-TCDD for HRA)	1080					4.0E-05	2/00	1.0E-08	10/00	3.8E+01 TAC	1.3E+05	8/86	1.3E+05 TAC	8/86	1
2,3,7,8-TETRACHLORODIBENZOFURAN	5120-73-19					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,7,8-PENTACHLORODIBENZOFURAN	57117-41-6					1.3E-03	1/11	3.3E-07	1/11	1.1E+00	3.9E +03	1/11	3.9E +03	1/11	1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number ▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date ◆ Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date ◆ Value Reviewed [Added]	Inhalation * Unit Risk (µg/m³)⁻¹	Inhalation * Cancer Potency Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date ◆ Value Reviewed [Added]	M ✣ W A F
2,3,4,7,8-PENTACHLORODIBENZOFURAN	57117-31-4					1.3E-04	1/11	3.3E-08	1/11	1.1E+01	3.9E +04	1/11	3.9E +04	1/11	1
1,2,3,4,7,8-HEXACHLORODIBENZOFURAN	70648-26-9					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,6,7,8-HEXACHLORODIBENZOFURAN	57117-44-9					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,7,8,9-HEXACHLORODIBENZOFURAN	72918-21-9					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
2,3,4,6,7,8-HEXACHLORODIBENZOFURAN	60851-34-5					4.0E-04	2/00	1.0E-07	10/00	3.8E+00	1.3E+04	4/99	1.3E+04	10/00	1
1,2,3,4,6,7,8-HEPTACHLORODIBENZOFURAN	67562-39-4					4.0E-03	2/00	1.0E-06	10/00	3.8E-01	1.3E+03	4/99	1.3E+03	10/00	1
1,2,3,4,7,8,9-HEPTACHLORODIBENZOFURAN	55673-89-7					4.0E-03	2/00	1.0E-06	10/00	3.8E-01	1.3E+03	4/99	1.3E+03	10/00	1
1,2,3,4,6,7,8,9-OCTACHLORODIBENZOFURAN	39001-02-0					1.3E-01	1/11	3.3E-05	1/11	1.1E-02	3.9E +01	1/11	3.9E +01	1/11	1
POLYCYCLIC AROMATIC HYDROCARBON (PAH) Φ [Treated as B(a)P for HRA] ✣	1150 1151									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
BENZ(A)ANTHRACENE ✣	56-55-3									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
BENZO(A)PYRENE ✣	50-32-8									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
BENZO(B)FLUORANTHENE ✣	205-99-2									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
BENZO(J)FLUORANTHENE ✣	205-82-3									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
BENZO(K)FLUORANTHENE ✣	207-08-9									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
CHRYSENE ✣	218-01-9									1.1E-05	3.9E-02	4/99 [4/94]	1.2E-01	10/00 [4/94]	1
DIBENZ(A,H)ACRIDINE ✣	226-36-8									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
DIBENZ(A,H)ANTHRACENE ✣	53-70-3									1.2E-03	4.1E+00	4/99 [4/94]	4.1E+00	10/00 [4/94]	1
DIBENZ(A,J)ACRIDINE ✣	224-42-0									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
DIBENZO(A,E)PYRENE ✣	192-65-4									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
DIBENZO(A,H)PYRENE ✣	189-64-0									1.1E-02	3.9E+01	4/99 [4/94]	1.2E+02	10/00 [4/94]	1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date Value Reviewed [Added]	8-Hour Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Inhalation (µg/m³)	Date Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date Value Reviewed [Added]	Inhalation Unit Risk (µg/m³)⁻¹	Inhalation Cancer Potency Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	Oral Slope Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]	MWAF
DIBENZO(A,I)PYRENE	189-55-9									1.1E-02	3.9E+01	4/99 [4/94]	1.2E+02	10/00 [4/94]	1
DIBENZO(A,L)PYRENE	191-30-0									1.1E-02	3.9E+01	4/99 [4/94]	1.2E+02	10/00 [4/94]	1
7H-DIBENZO(C,G)CARBAZOLE	194-59-2									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
7,12-DIMETHYLBENZ(A)ANTHRACENE	57-97-6									7.1E-02	2.5E+02	4/99 [4/94]	2.5E+02	10/00 [4/94]	1
1,6-DINITROPYRENE	42397-64-8									1.1E-02	3.9E+01	4/99 [4/94]	1.2E+02	10/00 [4/94]	1
1,8-DINITROPYRENE	42397-65-9									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
INDENO(1,2,3-C,D)PYRENE	193-39-5									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
3-METHYLCHOLANTHRENE	56-49-5									6.3E-03	2.2E+01	4/99 [4/94]	2.2E+01	10/00 [4/94]	1
5-METHYLCHRYSENE	3697-24-3									1.1E-03	3.9E+00	4/99 [4/94]	1.2E+01	10/00 [4/94]	1
NAPHTHALENE	91-20-3					9.0E+00	4/00			3.4E-05	1.2E-01	8/04			1
5-NITROACENAPHTHENE	602-87-9									3.7E-05	1.3E-01	4/99 [4/94]	1.3E-01	10/00 [4/94]	1
6-NITROCHRYSENE	7496-02-8									1.1E-02	3.9E+01	4/99 [4/94]	1.2E+02	10/00 [4/94]	1
2-NITROFLUORENE	607-57-8									1.1E-05	3.9E-02	4/99 [4/94]	1.2E-01	10/00 [4/94]	1
1-NITROPYRENE	5522-43-0									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
4-NITROPYRENE	57835-92-4									1.1E-04	3.9E-01	4/99 [4/94]	1.2E+00	10/00 [4/94]	1
POTASSIUM BROMATE.... ... (see Bromine & Compounds)															
1,3-PROPANE SULTONE	1120-71-4									6.9E-04	2.4E+00	4/99			1
PROPYLENE (PROPENE)	115-07-1					3.0E+03	4/00								1
PROPYLENE GLYCOL MONOMETHYL ETHER	107-98-2					7.0E+03	2/00								1
PROPYLENE OXIDE	75-56-9	3.1E+03	4/99			3.0E+01	2/00			3.7E-06	1.3E-02	4/99 [7/90]			1
SELENIUM AND COMPOUNDS	7782-49-2 [1170]					2.0E+01	12/01								1
HYDROGEN SELENIDE	7783-07-5	5.0E+00	4/99												1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation (µg/m³)	Date Value Reviewed [Added]◆	8-Hour Inhalation (µg/m³)	Date Value Reviewed [Added]◆	Chronic Inhalation (µg/m³)	Date Value Reviewed [Added]◆	Chronic Oral (mg/kg-d)	Date Value Reviewed [Added]◆	Inhalation Unit Risk (µg/m³)⁻¹*	Inhalation Cancer Potency Factor (mg/kg-d)⁻¹*	Date Value Reviewed [Added]◆	Oral Slope Factor (mg/kg-d)⁻¹	Date Value Reviewed [Added]◆	MWAF✣
Selenium sulfide	*7446-34-6*					*2.0E+01*	*12/01*								*1*
SILICA [CRYSTALLINE, RESPIRABLE]	1175					3.0E+00	2/05								1
SODIUM HYDROXIDE	1310-73-2	8.0E+00	4/99												1
STYRENE	100-42-5	2.1E+04	4/99			9.0E+02	4/00								1
SULFATES	9960	1.2E+02	4/99												1
SULFUR DIOXIDE	7446-09-5	6.6E+02	4/99[1/92]												1
SULFURIC ACID AND OLEUM	9961	1.2E+02	4/99			*1.0E+00*	*12/01*								1
SULFURIC ACID	*7664-93-9*	*1.2E+02*	*4/99*			1.0E+00	12/01								*1*
SULFUR TRIOXIDE	*7446-71-9*	*1.2E+02*	*4/99*			*1.0E+00*	*12/01*								*1*
OLEUM	*8014-95-7*	*1.2E+02*	*4/99*			*1.0E+00*	*12/01*								*1*
1,1,2,2-TETRACHLOROETHANE	79-34-5									5.8E-05	2.0E-01	4/99			1
TETRACHLOROPHENOLS ... (see Chlorophenols)															
2,4,5-TRICHLOROPHENOL ... (see Chlorophenols)															
2,4,6-TRICHLOROPHENOL ... (see Chlorophenols)															
THIOACETAMIDE	62-55-5									1.7E-03	6.1E+00	4/99			1
TOLUENE	108-88-3	3.7E+04	4/99			3.0E+02	4/00								1
Toluene diisocyantates	*26471-62-5*					*7.0E-02*	*1/01*			*1.1E-05*	*3.9E-02*	*4/99*			*1*
TOLUENE-2,4-DIISOCYANATE	584-84-9					7.0E-02	1/01			1.1E-05	3.9E-02	4/99			1
TOLUENE-2,6-DIISOCYANATE	91-08-7					7.0E-02	1/01			1.1E-05	3.9E-02	4/99			1
1,1,2-TRICHLOROETHANE (Vinyl trichloride)	79-00-5									1.6E-05	5.7E-02	4/99			1
TRICHLOROETHYLENE[TAC]	79-01-6					6.0E+02	4/00			2.0E-06 TAC	7.0E-03	10/90			1
TRIETHYLAMINE	121-44-8	2.8E+03	4/99			2.0E+02	9/02								1
URETHANE (Ethyl carbamate)	51-79-6									2.9E-04	1.0E+00	4/99 [7/90]			1
Vanadium Compounds	*N/A*														*1*
Vanadium (fume or dust)	*7440-62-2*	*3.0E+01*	*4/99*												*1*
VANADIUM PENTOXIDE	1314-62-1	3.0E+01	4/99												1
VINYL ACETATE	108-05-4					2.0E+02	12/01								1
VINYL CHLORIDE[TAC] (Chloroethylene)	75-01-4	1.8E+05	4/99							7.8E-05 TAC	2.7E-01	12/90			1
VINYLIDENE CHLORIDE (1,1-Dichloroethylene)	75-35-4					7.0E+01	1/01								1

Table last updated: May 3, 2012

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Substance	Chemical Abstract Number ▼	Noncancer Effects								Cancer Risk					
		Acute Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	8-Hour Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	Chronic Inhalation ($\mu g/m^3$)	Date ◆ Value Reviewed [Added]	Chronic Oral (mg/kg-d)	Date ◆ Value Reviewed [Added]	Inhalation * Unit Risk $(\mu g/m^3)^{-1}$	Inhalation * Cancer Potency Factor $(mg/kg\text{-}d)^{-1}$	Date ◆ Value Reviewed [Added]	Oral Slope Factor $(mg/kg\text{-}d)^{-1}$	Date ◆ Value Reviewed [Added]	M ✣ W A F
XYLENES (mixed isomers)	1330-20-7	2.2E+04	4/99			7.0E+02	4/00								1
m-XYLENE	108-38-3	2.2E+04	4/99			7.0E+02	4/00								1
o-XYLENE	95-47-6	2.2E+04	4/99			7.0E+02	4/00								1
p-XYLENE	106-42-3	2.2E+04	4/99			7.0E+02	4/00								1

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

Purpose: The purpose of this reference table is to provide a quick list of all health values that have been approved by the Office of Environmental Health Hazard Assessment (OEHHA) and the Air Resources Board (ARB) for use in facility health risk assessments conducted for the AB 2588 Air Toxics Hot Spots Program. The OEHHA has developed and adopted new risk assessment guidelines that update and replace the California Air Pollution Control Officers Association's (CAPCOA) *Air Toxics "Hot Spots" Program Revised 1992 Risk Assessment Guidelines, October 1993.* The OEHHA has adopted four technical support documents for these guidelines, which can be found on their website (http://www.oehha.ca.gov/air/hot_spots/index.html). This table lists the OEHHA adopted inhalation and oral cancer slope factors, noncancer acute Reference Exposure Levels (RELs), and inhalation and oral noncancer chronic RELs. OEHHA is still in the process of adopting new health values. Therefore, new health values will periodically be added to, or deleted from, this table. Users of this table are advised to monitor the OEHHA website (*www.oehha.ca.gov*) for any updates to the health values.

May 2008 update: The Air Resources Board adopted amendments to the AB 2588 Air Toxics "Hot Spots" Emission Inventory Criteria and Guidelines Regulation (Title 17, California Code of Regulations, Section 93300.5) on November 16, 2006. The amendments became effective on September 26, 2007, after approval from the Office of Administrative Law. Under the new amendments, the substances previously listed in Appendix A-I *(Substances For Which Emissions Must Be Quantified)* and Appendix F (*Criteria For Inputs For Risk Assessment Using Screening Air Dispersion Modeling*) of the ARB's *Air Toxics "Hot Spots" Emission Inventory Criteria and Guidelines (EICG) (July 1997)* have been removed from this table.

✲ Substances written in *italics* do not have explicit OEHHA approved health values, but are included in this table to clarify applicability of OEHHA adopted heath effects values to individual or grouped substances listed in the *Air Toxics "Hot Spots" Emission Inventory Criteria and Guidelines*, Appendix A-I list of *"Substances For Which Emissions Must Be Quantified"*.

▼ Chemical Abstract Service Number (CAS): For chemical groupings and mixtures where a CAS number is not applicable, the 4-digit code used in the *Air Toxics "Hot Spots" Emission Inventory Criteria and Guidelines (EICG) Report* is listed. The 4-digit codes enclosed in brackets [ ] are codes that have been phased out, but may still appear on previously reported Hot Spots emissions. For information on the origin and use of the 4-digit code, see the EICG report.

◆ Date Value Reviewed [Added]: These columns list the date that the health value was last reviewed by OEHHA and the Scientific Review Panel, and/or approved for use in the AB 2588 Air Toxics Hot Spots Program. If the health value is unchanged since it was first approved for use in the Hot Spots Program, then the date that the value was first approved for use by CAPCOA is listed within the brackets [ ].

- April 1999 is listed for the cancer potency values and noncancer acute RELs, which have been adopted by the OEHHA as part of the AB 2588 Hot Spot Risk Assessment Guidelines.
- February 2000, April 2000, January 2001, and December 2001 are listed for the first set of 22, the second set of 16, the third set of 22, and the fourth set of 12 noncancer chronic RELs, respectively. The chronic REL for carbon disulfide was adopted in May 2002. Chronic RELs for phosphine and triethylamine were adopted in September 2002. Chronic RELs for fluorides including hydrogen fluoride were adopted August 2003. Chronic REL for silica [crystalline respirable] was adopted February 2005.
- October 2000 is listed for the oral chronic RELs and oral cancer slope factors.
- Cancer potency value adopted for naphthalene in August 2004. The inhalation and oral cancer potency values for ethyl benzene were adopted in November 2007.
- For the substances identified as Toxic Air Contaminants, the Air Resources Board hearing date is listed. The dates for acetaldehyde, benzo[a]pyrene, and methyl tertiary-butyl ether represent the dates the values were approved by the Scientific Review Panel.
- On December 19, 2008, OEHHA adopted new acute, 8-hour, and chronic RELs for acetaldehyde, acrolein, arsenic, formaldehyde, manganese, and mercury. The most current health values can be found at: http://www.oehha.ca.gov/air/allrels.html. Note that the 8-hour RELs are not included in the HARP program. These health factors will be added after OEHHA approves the Guidelines Manual (Part V).

  Note: 1. OEHHA presents the new oral RELs in micrograms (µg/kg-d) and we converted them to milligrams (mg/kg-d) for consistency.

  2. Acute RELs with longer averaging periods (i.e., 4-hour, 6-hour, and 7-hour) will now use the 1-hour averaging period. The affected chemicals are: arsenic & inorganic arsenic compounds, benzene, carbon disulfide, carbon tetrachloride, chloroform, ethylene glycol monoethyl ether, ethylene glycol monoethyl ether acetate, and ethylene glycol monomethyl ether.

  3. At OEHHA's direction, the chronic oral REL for arsenic does not apply to arsine because arsine is a gas and not particle associated.
- January 2011 is listed to reflect OEHHA's adoption of the World Health Organization's 2005 Toxicity Equivalency Factors for polychlorinated dibenzo-p-dioxins (PCDDs), dibenzofurans (PCDFs), and dioxin-like polychlorinated biphenyls (PCBs). See Appendix C of OEHHA's *Air Toxics Hot Spots Program Technical Support Document for Cancer Potencies* at http://www.oehha.ca.gov/air/hot_spots/pdf/AppCdioxinTEFs013111.pdf for more information.
- On March 23, 2012, OEHHA adopted revised acute, 8-hour and chronic RELs for nickel and nickel compounds. The values of the RELs are listed in the table at: http://www.oehha.ca.gov/air/chronic_rels/032312CREL.html.

* Inhalation cancer potency factor: The "unit risk factor" has been replaced in the new risk assessment algorithms by a factor called the "inhalation cancer potency factor". Inhalation cancer potency factors are expressed as units of inverse dose [i.e., $(mg/kg\text{-}day)^{-1}$]. They were derived from unit risk factors [units = $(ug/m^3)^{-1}$] by assuming that a receptor weighs 70 kilograms and breathes 20 cubic meters of air per day. The inhalation potency factor is used to calculate a potential inhalation cancer risk using the new risk assessment algorithms defined in the OEHHA, *Air Toxics Hot Spots Program; Part IV; Technical Support Document for Exposure Assessment and Stochastic Analysis (September 2000).*

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

♣	Molecular Weight Adjustment Factor: Molecular weight adjustment factors (MWAF) are only to be used when a toxic metal has a cancer potency factor. For most of the Hot Spots toxic metals, the OEHHA cancer potency factor applies to the weight of the toxic metal atom contained in the overall compound. Some of the Hot Spots compounds contain various elements along with the toxic metal atom (e.g., "Nickel hydroxide", CAS number 12054-48-7, has a formula of H_2NiO_2). Therefore, an adjustment to the reported pounds of the overall compound is needed before applying the OEHHA cancer potency factor for "Nickel and compounds" to such a compound. This ensures that the cancer potency factor is applied only to the fraction of the overall weight of the emissions that are associated with health effects of the metal. In other cases, the Hot Spots metals are already reported as the metal atom equivalent (e.g., CAS 7440-02-0, "Nickel"), and these cases do not use any further molecular weight adjustment. (Refer to Note [7] in Appendix A, List of Substances in the EICG Report for further information on how the emissions of various Hot Spots metal compounds are reported.) The appropriate molecular weight adjustment factors (MWAF) to be used along with the OEHHA cancer potency factors for Hot Spots metals can be found in the MWAF column of this table. So, for example, assume 100 pounds of "Nickel hydroxide" emissions are reported under CAS number 12054-48-7. To get the Nickel atom equivalent of these emissions, multiply by the listed MWAF (0.6332) for Nickel hydroxide: • 100 pounds x 0.6332 = 63.32 pounds of Nickel atom equivalent *This step should be completed prior to applying the OEHHA cancer potency factor for "Nickel and compounds" in a calculation for a prioritization score or risk assessment calculation.* (For more information see Chapter 8 of OEHHA's document, *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments.*) Note: The value listed in the MWAF column for Asbestos is not a molecular weight adjustment. This is a conversion factor for adjusting mass to fibers or structures. See Appendix C of OEHHA's document *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments* for more information on Asbestos, or see the EICG report for reporting guidance. Also see the Asbestos footnote (designated by the symbol ⌑)
N/A	Not Applicable
TAC	Toxic Air Contaminant: The Air Resources Board has identified this substance as a Toxic Air Contaminant.
⌑	Asbestos: The units for the Inhalation Cancer Potency factor for asbestos are $(100 \text{ PCM fibers/m}^3)^{-1}$. A conversion factor of 100 fibers/0.003 µg can be multiplied by a receptor concentration of asbestos expressed in $\mu g/m^3$. Unless other information necessary to estimate the concentration (fibers/m^3) of asbestos at receptors of interest is available. A unit risk factor of $1.9 \text{ E } 10^{-4}$ $(\mu g/m^3)^{-1}$ and an inhalation cancer potency factor of $2.2 \text{ E } 10^{+2}$ $(\text{mg/kg BW * day})^{-1}$ are available. For more information on asbestos quantity conversion factors, see Appendix C of OEHHA's *The Air Toxics Hot Spots Program Risk Assessment Guidelines; Part II; Technical Support Document for Describing Available Cancer Potency Factors*, and Appendix C of OEHHA's document *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments.*
∅	Hexavalent Chromium: The oral cancer slope factor for chromium 6+ and compounds has been withdrawn by the Office of Environmental Health Hazard Assessment.
♫	Inorganic Lead: Inorganic Lead was identified by the Air Resources Board as a Toxic Air Contaminant in April 1997. Since information on noncancer health effects show no identified threshold, no Reference Exposure Level has been developed. The document, *Risk Management Guidelines for New, Modified, and Existing Sources of Lead, March 2001*, has been developed by ARB and OEHHA staff for assessing noncancer health impacts from sources of lead. See Appendix F of OEHHA's document *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments* for an overview of how to evaluate noncancer impacts from exposure to lead using these risk management guidelines.
Φ	Polycyclic Aromatic Hydrocarbons (PAHs): These substances are PAH or PAH-derivatives that have OEHHA-developed Potency Equivalency Factors (PEFs) which were approved by the Scientific Review Panel in April 1994 (see ARB document entitled *Benzo[a]pyrene as a Toxic Air Contaminant*). PAH inhalation slope factors listed here have been adjusted by the PEFs. See OEHHA's Technical Support Document: Methodologies for Derivation, Listing of Available Values, and Adjustments to Allow for Early Life Exposures (2009) for more information about the scheme. Section 8.2.3 and Appendix G of OEHHA's *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments* (2003) also contain information on PAHs. The two numbers (i.e., 1150 and 1151) in the column listing Chemical Abstracts Numbers are used for reporting and risk assessment purposes. Be sure to input emissions under the proper code when using the HARP software. ID code 1150 has no health values associated with it in the HARP software; therefore, no health impacts will be calculated when using ID 1150. See the Emissions Inventory Criteria and Guidelines for more information on reporting emissions.
☼	Polychlorinated Biphenyls: (unspeciated mixtures) Lowest Risk: For use in cases where congeners with more than four chlorines comprise less than one-half percent of total polychlorinated biphenyls. High Risk: For use in cases where congeners with more than four chlorines do not comprise less than one-half percent of total polychlorinated biphenyls. Low Risk: This number would not ordinarily be used in the Hot Spots program. Chronic Oral: The chronic oral value is U.S. EPA's 1996 oral Reference Dose for Aroclor-1254.
ϖ	Polychlorinated Biphenyls (speciated): OEHHA has adopted the World Health Organization 2005 (WHO-2005) Toxicity Equivalency Factors (TEFs) scheme for evaluating the cancer risk due to exposure to samples containing mixtures of polychlorinated dibenzo-p-dioxins (PCDD) and polychlorinated dibenzofurans (PCDF) and determining cancer risks for a number of dioxin-like PCBs. See Appendix C of OEHHA's Technical Support Document: Methodologies for Derivation, Listing of Available Values, and Adjustments to Allow for Early Life Exposures (2009) for more information about the scheme.
•	Polychlorinated Dibenzo-*p*-dioxins and Polychlorinated Dibenzofurans (also referred to as chlorinated dioxins and dibenzofurans): OEHHA has adopted the World Health Organization 2005 (WHO-2005) Toxicity Equivalency Factors (TEFs) scheme for evaluating the cancer risk due to exposure to samples containing mixtures of polychlorinated dibenzo-p-dioxins (PCDD) and polychlorinated dibenzofurans (PCDF) and determining cancer risks for a number of specific PCB congeners. See Appendix C of OEHHA's Technical Support Document: Methodologies for Derivation, Listing of Available Values, and Adjustments to Allow for Early Life Exposures (2009) for more information about the scheme. See section 8.2.3 of OEHHA's The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments for conducting health risks when total (unspeciated) chlorinated dioxins and furans are reported. The two numbers (i.e., 1085 and 1086) in the column listing Chemical Abstracts Numbers are used for reporting and risk assessment purposes. Be sure to input emissions under the proper code when using the HARP software. ID code 1085 has no health values associated with it in the HARP software; therefore, no health impacts will be calculated when using ID 1085. See the Emissions Inventory Criteria and Guidelines for more information on reporting emissions.

Table 1
CONSOLIDATED TABLE OF OEHHA/ARB APPROVED RISK ASSESSMENT HEALTH VALUES*

¶ Particulate Emissions from Diesel-Fueled Engines: The inhalation cancer potency factor and chronic REL were derived from whole diesel exhaust and should be used only for impacts from the inhalation pathway. The inhalation impacts from speciated emissions from diesel-fueled engines are already accounted for in the inhalation cancer potency factor and REL. However, at the discretion of the risk assessor, speciated emissions from diesel-fueled engines may be used to estimate acute noncancer health impacts or the contribution to cancer risk or chronic noncancer health impacts for the non-inhalation exposure pathway. See Appendix D of OEHHA's document *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments* for more information.

Other Changes:

- 10/18/2010, removed CHLORODIFLUOROMETHANE, which should have been removed in May 2008.

Table 4.1D-6 Census Tract Numbers and Population Data (2010)

Tract Number	Tract Population (2010)
469	2,043

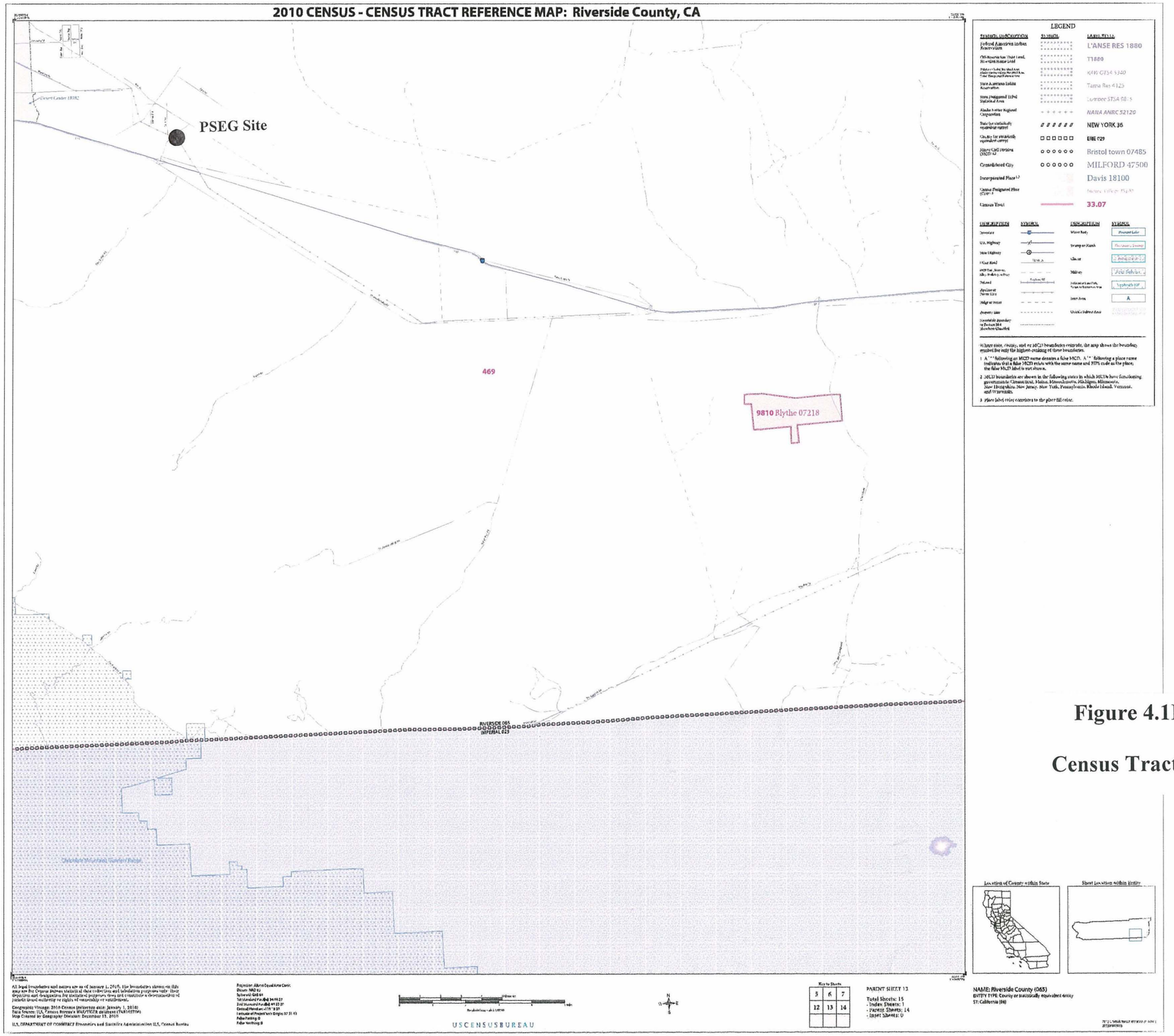

Figure 4.1D-1

Census Tract Map

Figure 4.1D-2 6 Mile Radius Zone Map

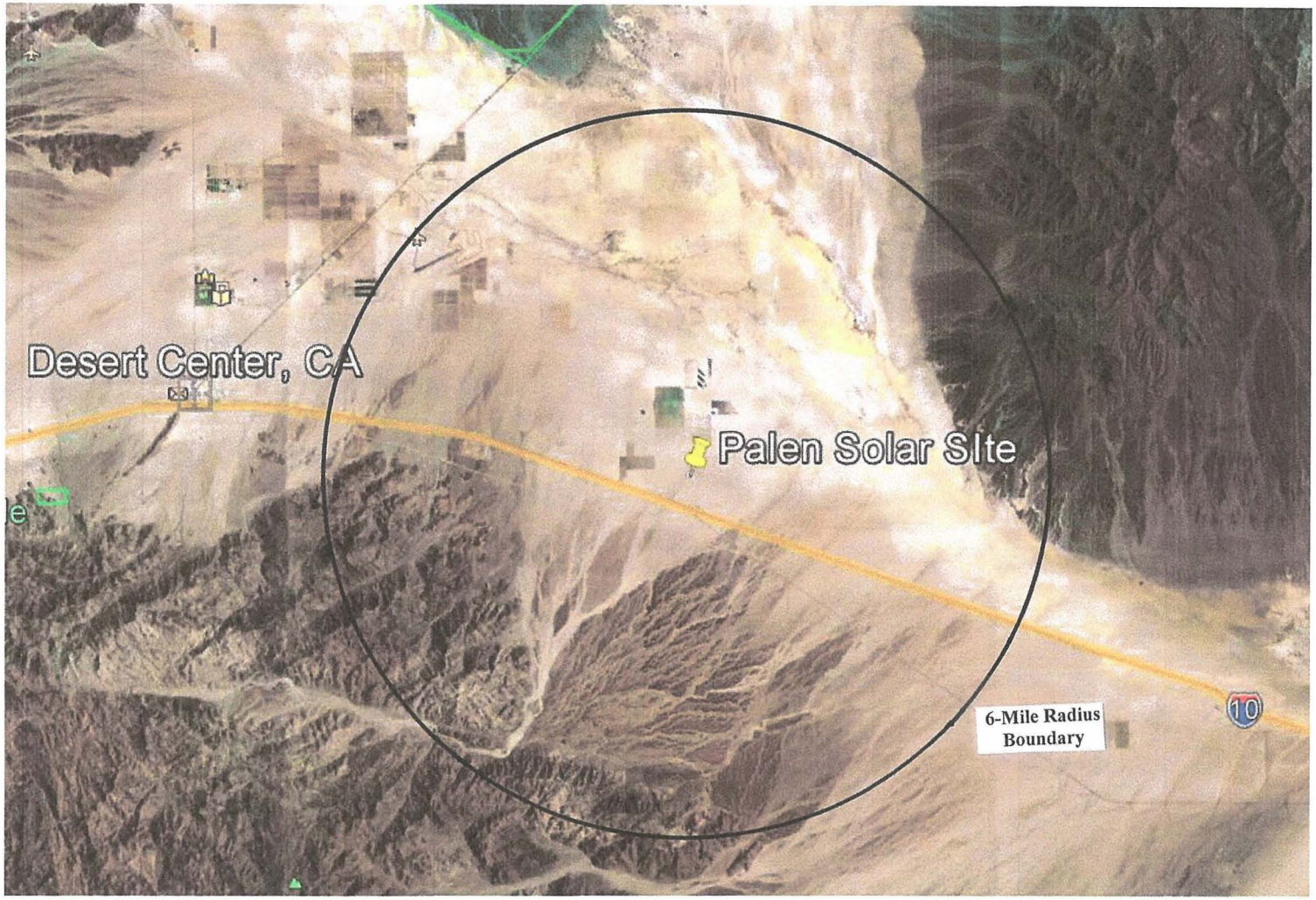
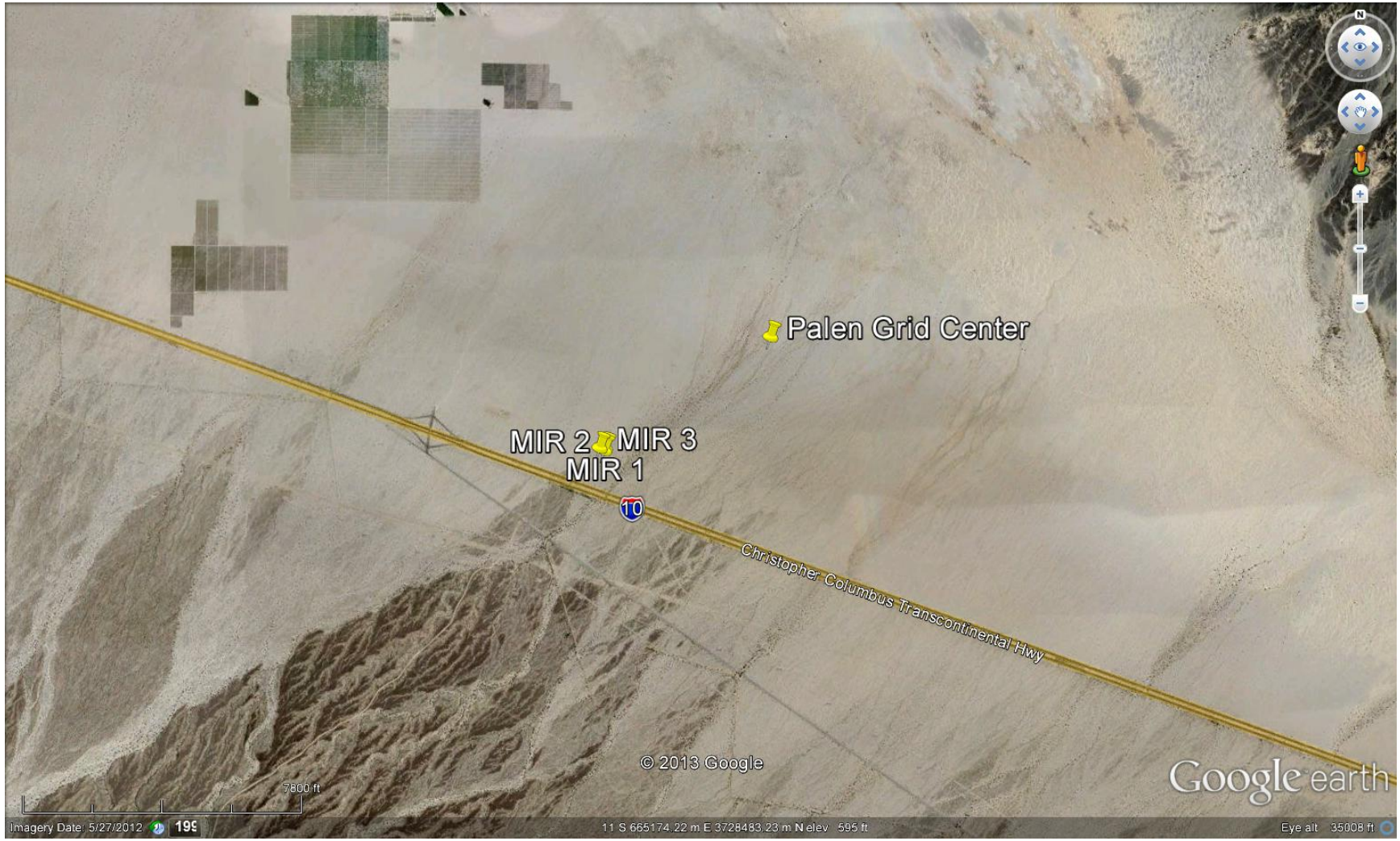
Figure 4.1D-3 Three Highest MIR Locations