Health Consultation

Exposure Investigation Report

DALLAS AVENUE NEIGHBORHOOD PCB

SEATTLE, KING COUNTY, WASHINGTON

MAY 16, 2006

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Agency for Toxic Substances and Disease Registry
Division of Health Assessment and Consultation
Atlanta, Georgia  30333
Health Consultation: A Note of Explanation

An ATSDR health consultation is a verbal or written response from ATSDR to a specific request for information about health risks related to a specific site, a chemical release, or the presence of hazardous material. In order to prevent or mitigate exposures, a consultation may lead to specific actions, such as restricting use of or replacing water supplies; intensifying environmental sampling; restricting site access; or removing the contaminated material.

In addition, consultations may recommend additional public health actions, such as conducting health surveillance activities to evaluate exposure or trends in adverse health outcomes; conducting biological indicators of exposure studies to assess exposure; and providing health education for health care providers and community members. This concludes the health consultation process for this site, unless additional information is obtained by ATSDR which, in the Agency’s opinion, indicates a need to revise or append the conclusions previously issued.

You May Contact ATSDR TOLL FREE at 1-888-42ATSDR
or
HEALTH CONSULTATION

Exposure Investigation Report

DALLAS AVENUE NEIGHBORHOOD PCB
SEATTLE, KING COUNTY, WASHINGTON

Prepared by:

Washington State Department of Health
under Cooperative Agreement with the
Agency for Toxic Substances and Disease Registry
Forward
The Washington State Department of Health (DOH) has prepared this health consultation in cooperation with the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is part of the U.S. Department of Health and Human Services and is the principal federal public health agency responsible for health issues related to hazardous waste. This health consultation was prepared in accordance with methodologies and guidelines developed by ATSDR.

The purpose of this health consultation is to identify and prevent harmful human health effects resulting from exposure to hazardous substances in the environment. Health consultations focus on specific health issues so that DOH can respond to requests from concerned residents or agencies for health information on hazardous substances. DOH evaluates sampling data collected from a hazardous waste site, determines whether exposures have occurred or could occur, reports any potential harmful effects, and recommends actions to protect public health. The findings in this report are relevant to conditions at the site during the time of this health consultation, and should not necessarily be relied upon if site conditions or land use changes in the future.

For additional information or questions regarding DOH or the contents of this health consultation, please call the health advisor who prepared this document:

Lenford O’Garro
Washington State Department of Health
Office of Environmental Health Assessments
P.O. Box 47846
Olympia, WA  98504-7846
(360) 236-3376
FAX (360) 236-3383
1-877-485-7316
Web site:  www.doh.wa.gov/ehp/oehas/sashome.htm

For more information about ATSDR, contact the ATSDR Information Center at 1-888-422-8737 or visit the agency’s Web site: www.atsdr.cdc.gov/.
Table of Contents

Forward ................................................................................................................................. 1
Glossary ................................................................................................................................. 3
Summary and Statement of Issues .......................................................................................... 7
Background ........................................................................................................................... 7
Justification for the Exposure Investigation .......................................................................... 8
  Targeted Population ............................................................................................................. 8
  Consent/Assent Form .......................................................................................................... 8
  Indoor Dust Sample Collection ........................................................................................... 8
Results ..................................................................................................................................... 9
Discussion .............................................................................................................................. 9
  Health effects ....................................................................................................................... 10
  PCBs Analytical Analysis ..................................................................................................... 10
  Non-cancer effects .............................................................................................................. 11
  Cancer effects ..................................................................................................................... 11
Children’s Health Concerns .................................................................................................. 12
Conclusions .......................................................................................................................... 13
Recommendations ................................................................................................................. 13
Public Health Action Plan ..................................................................................................... 14
  Actions completed .............................................................................................................. 14
  Actions Planned .................................................................................................................. 14
Authors ................................................................................................................................... 15
References ............................................................................................................................. 16
Appendix A ............................................................................................................................ 19
Appendix B ............................................................................................................................. 22
Appendix C ............................................................................................................................. 23
Appendix D ............................................................................................................................. 25
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Toxic Substances and Disease Registry (ATSDR)</td>
<td>The principal federal public health agency involved with hazardous waste issues, responsible for preventing or reducing the harmful effects of exposure to hazardous substances on human health and quality of life. ATSDR is part of the U.S. Department of Health and Human Services.</td>
</tr>
<tr>
<td>Cancer Risk</td>
<td>A theoretical risk for developing cancer if exposed to a substance every day for 70 years (a lifetime exposure). The true risk might be lower.</td>
</tr>
<tr>
<td>Cancer Risk Evaluation Guide (CREG)</td>
<td>The concentration of a chemical in air, soil or water that is expected to cause no more than one excess cancer in a million persons exposed over a lifetime. The CREG is a comparison value used to select contaminants of potential health concern and is based on the cancer slope factor (CSF).</td>
</tr>
<tr>
<td>Cancer Slope Factor</td>
<td>A number assigned to a cancer-causing chemical that is used to estimate its ability to cause cancer in humans.</td>
</tr>
<tr>
<td>Carcinogen</td>
<td>Any substance that causes cancer.</td>
</tr>
<tr>
<td>Comparison value</td>
<td>Calculated concentration of a substance in air, water, food, or soil that is unlikely to cause harmful (adverse) health effects in exposed people. The CV is used as a screening level during the public health assessment process. Substances found in amounts greater than their CVs might be selected for further evaluation in the public health assessment process.</td>
</tr>
<tr>
<td>Contaminant</td>
<td>A substance that is either present in an environment where it does not belong or is present at levels that might cause harmful (adverse) health effects.</td>
</tr>
<tr>
<td>Dermal Contact</td>
<td>Contact with (touching) the skin (see route of exposure).</td>
</tr>
<tr>
<td>Dose (for chemicals that are not radioactive)</td>
<td>The amount of a substance to which a person is exposed over some time period. Dose is a measurement of exposure. Dose is often expressed as milligram (amount) per kilogram (a measure of body weight) per day (a measure of time) when people eat or drink contaminated water, food, or soil. In general, the greater the dose, the greater the likelihood of an effect. An “exposure dose” is how much of a substance is encountered in the environment. An “absorbed dose” is the amount of a substance that actually got into the body through the eyes, skin, stomach, intestines, or lungs.</td>
</tr>
<tr>
<td>Environmental Media Evaluation Guide (EMEG)</td>
<td>A concentration in air, soil, or water below which adverse non-cancer health effects are not expected to occur. The EMEG is a comparison value used to select contaminants of potential health concern and is based on ATSDR’s minimal risk level (MRL).</td>
</tr>
<tr>
<td><strong>Environmental Protection Agency (EPA)</strong></td>
<td>United States Environmental Protection Agency.</td>
</tr>
<tr>
<td><strong>Exposure</strong></td>
<td>Contact with a substance by swallowing, breathing, or touching the skin or eyes. Exposure may be short-term [acute exposure], of intermediate duration, or long-term [chronic exposure].</td>
</tr>
<tr>
<td><strong>Groundwater</strong></td>
<td>Water beneath the earth’s surface in the spaces between soil particles and between rock surfaces [compare with surface water].</td>
</tr>
<tr>
<td><strong>Hazardous substance</strong></td>
<td>Any material that poses a threat to public health and/or the environment. Typical hazardous substances are materials that are toxic, corrosive, ignitable, explosive, or chemically reactive.</td>
</tr>
<tr>
<td><strong>Ingestion</strong></td>
<td>The act of swallowing something through eating, drinking, or mouthing objects. A hazardous substance can enter the body this way [see route of exposure].</td>
</tr>
<tr>
<td><strong>Ingestion rate</strong></td>
<td>The amount of an environmental medium that could be ingested typically on a daily basis. Units for IR are usually liter/day for water, and mg/day for soil.</td>
</tr>
<tr>
<td><strong>Inhalation</strong></td>
<td>The act of breathing. A hazardous substance can enter the body this way [see route of exposure].</td>
</tr>
<tr>
<td><strong>Inorganic</strong></td>
<td>Compounds composed of mineral materials, including elemental salts and metals such as iron, aluminum, mercury, and zinc.</td>
</tr>
<tr>
<td><strong>Lowest Observed Adverse Effect Level (LOAEL)</strong></td>
<td>The lowest tested dose of a substance that has been reported to cause harmful (adverse) health effects in people or animals.</td>
</tr>
<tr>
<td><strong>Maximum Contaminant Level (MCL)</strong></td>
<td>A drinking water regulation established by the federal Safe Drinking Water Act. It is the maximum permissible concentration of a contaminant in water that is delivered to the free flowing outlet of the ultimate user of a public water system. MCLs are enforceable standards.</td>
</tr>
<tr>
<td><strong>Media</strong></td>
<td>Soil, water, air, plants, animals, or any other part of the environment that can contain contaminants.</td>
</tr>
</tbody>
</table>
| **Minimal Risk Level**  
| **(MRL)** | An ATSDR estimate of daily human exposure to a hazardous substance at or below which that substance is unlikely to pose a measurable risk of harmful (adverse), noncancerous effects. MRLs are calculated for a route of exposure (inhalation or oral) over a specified time period (acute, intermediate, or chronic). MRLs should not be used as predictors of harmful (adverse) health effects [see reference dose]. |
| **Model Toxics Control Act**  
| **(MTCA)** | The hazardous waste cleanup law for Washington State. |
| **No apparent public health hazard** | A category used in ATSDR’s public health assessments for sites where human exposure to contaminated media might be occurring, might have occurred in the past, or might occur in the future, but where the exposure is not expected to cause any harmful health effects. |
| **No Observed Adverse Effect Level**  
| **(NOAEL)** | The highest tested dose of a substance that has been reported to have no harmful (adverse) health effects on people or animals. |
| **Oral Reference Dose**  
| **(RfD)** | An amount of chemical ingested into the body (i.e., dose) below which health effects are not expected. RfDs are published by EPA. |
| **Organic** | Compounds composed of carbon, including materials such as solvents, oils, and pesticides that are not easily dissolved in water. |
| **Parts per billion**  
| **(ppb)/Parts per million**  
| **(ppm)** | Units commonly used to express low concentrations of contaminants. For example, 1 ounce of trichloroethylene (TCE) in 1 million ounces of water is 1 ppm. 1 ounce of TCE in 1 billion ounces of water is 1 ppb. If one drop of TCE is mixed in a competition size swimming pool, the water will contain about 1 ppb of TCE. |
| **Plume** | A volume of a substance that moves from its source to places farther away from the source. Plumes can be described by the volume of air or water they occupy and the direction they move. For example, a plume can be a column of smoke from a chimney or a substance moving with groundwater. |
| **Reference Dose Media Evaluation Guide**  
<p>| <strong>(RMEG)</strong> | A concentration in air, soil, or water below which adverse non-cancer health effects are not expected to occur. The RMEG is a comparison value used to select contaminants of potential health concern and is based on EPA’s oral reference dose (RfD). |
| <strong>Route of exposure</strong> | The way people come into contact with a hazardous substance. Three routes of exposure are breathing [inhalation], eating or drinking [ingestion], or contact with the skin [dermal contact]. |</p>
<table>
<thead>
<tr>
<th><strong>Surface Water</strong></th>
<th>Water on the surface of the earth, such as in lakes, rivers, streams, ponds, and springs [compare with groundwater].</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volatile organic compound (VOC)</strong></td>
<td>Organic compounds that evaporate readily into the air. VOCs include substances such as benzene, toluene, methylene chloride, and methyl chloroform.</td>
</tr>
</tbody>
</table>
Summary and Statement of Issues

The Washington State Department of Health (DOH) has determined a need for indoor dust sampling at residences located near the Dallas Avenue South Soil Removal site, where polychlorinated biphenyls (PCBs) contaminated soils above Washington State soil cleanup levels have been discovered along and adjacent to streets and in some residential yards. The purpose of this health consultation is to evaluate whether the PCBs found in house dust at the two homes adjacent to Dallas Avenue South Soil Removal site pose a health concern to the residents. DOH prepares health consultations under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR).

Background

The Dallas Avenue South Soil Removal site is located in a mixed residential, commercial, and industrial area in the South Park community of Seattle, Washington (Figure 1 and 2). The City of Seattle (City) detected PCBs in road dust along an unpaved portion of Dallas Avenue road dust and adjacent surface soils in July 2004, with levels ranging from 0.26 to 9 milligrams per kilogram (mg/kg) (Figure 3). The samples were analyzed for Aroclor compounds using U.S. Environmental Protection Agency (EPA) Method 8082. The only Aroclor detected was Aroclor 1260. The highest level was discovered in sediment collected from a catch basin on 17th Avenue South near two residences [1]. One of those houses is about 90 years old; the other home is around 70 years old [2].

The City and Public Health – Seattle and King County (PHSKC) conducted additional surface soil sampling from September 2004 through March 2005 to continue characterizing the extent of the PCB contamination. Soil samples were collected from the surface (0 – 6 inches) below ground surface (bgs) and (6 inches to 5 feet bgs) (Table 1). Again, Aroclor 1260 was the only Aroclor compound detected. The maximum Aroclor 1260 level in surface soils was 93 mg/kg [1, 4, 5], and the highest Aroclor 1260 level in sub-surface soils was 480 mg/kg [1]. DOH reviewed the chromatograms associated with the PHSKC data and found that low levels of Aroclor 1254 might also be present [1], however, Aroclor 1254 is not likely to be present in quantities that would significantly affect total PCB levels [3]. It should be noted that some detection limits were elevated so it is possible that other Aroclor compounds could be present.

Table 1: Soil Sample Data for Aroclor 1260 Results

<table>
<thead>
<tr>
<th>Sample Medium</th>
<th>Maximum PCB Level</th>
<th>State MTCA Cleanup Level</th>
<th>Comparison value reference Source EMEG</th>
<th>Comparison value reference Source CREG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Soil 1 – 6 inches</td>
<td>93 ppm</td>
<td>1 ppm</td>
<td>1 ppm</td>
<td>0.4 ppm</td>
</tr>
<tr>
<td>Sub Surface Soil &gt; 6 inches</td>
<td>480 ppm</td>
<td>1 ppm</td>
<td>1 ppm</td>
<td>0.4 ppm</td>
</tr>
</tbody>
</table>
The City conducted interim actions in December 2004 to eliminate the community’s potential exposure to the soil contaminants. A temporary stormwater collection system was installed to control stormwater runoff in the area. Runoff is currently discharged to the combined sewer. This work was followed with the placement of asphalt on and adjacent to unpaved streets in mid-December [6]. In June 2005, the City removed PCBs found in two residential front yards on 17th Avenue South and one commercial lot on Dallas Avenue South. In addition, the City also removed gravel recently found to have elevated PCBs in the roadway shoulder on 16th Avenue South between Dallas Avenue South and South Cloverdale Street.

**Justification for the Exposure Investigation**

The Washington State Department of Health (DOH) determined a need for indoor dust sampling at residences located near the Dallas Avenue South Soil Removal site. PCB contaminated soils above Washington State soil cleanup levels (1 ppm) had been discovered along and adjacent to streets and in some residential yards (Table 1). Residents located along 17th Avenue South were concerned that PCB contaminated soil might have been tracked into their homes, presenting an additional exposure pathway. Residents expressed concerns about exposure to PCB contaminated dust to Ecology and PH-SKC at a community meeting on October 27, 2004. Because neither Ecology nor PHSKC have the expertise to conduct dust testing or to evaluate the data, Ecology requested DOH’s assistance in collecting samples and evaluating the potential exposure pathway [7].

**Targeted Population**

Residents living in the two homes near the Dallas Avenue South Soil Removal site are the exposed population. Adults occupy the two residences along 17th Avenue South near the area where the highest levels of PCBs were detected. These two homes represent the worst-case scenario. If levels of concern are detected in these two homes, it may be appropriate to conduct follow-up indoor dust sampling at additional homes.

**Consent/Assent Form**

An initial contact letter was sent to current residents of the two homes along 17th Avenue South (See Appendix B and C). The letter discussed the need for indoor dust sampling. A toll-free number was provided for further information. DOH phoned residents after the letters were sent to set a date for sampling.

**Indoor Dust Sample Collection**

Dust samples were collected based on a slightly modified protocol (sampling the entrance rug instead of at least five feet away from the entrance) of the University of Washington, Department of Occupational and Environmental Health, which has been developed into a Standard Operating Procedure (SOP) included as Appendix D. Briefly, dust was collected using a Nilfisk GM-80 high-volume, High Efficiency Particulate Air (HEPA) filter vacuum. Two samples were collected per residence: one from a high activity area near the entrance to the house and the other from the main living area of the house. The surface type (e.g., carpet, area rug, hardwood floor) was noted as was the surface area vacuumed per sample. The target sample mass was 10 grams per sample.
Dust samples were processed at the University of Washington by removing dust particles larger than 150 um. Fine fraction particles are those most likely to adhere to the skin and be ingested through hand to mouth contact. Samples were delivered to Severn Trent Laboratories in Tacoma, Washington for PCB analysis.

**Results**

PCBs were detected in house dust at levels ranging from 0.756 – 1.57 ppm (dust loading ranged from 2.18 – 16.67 g/m$^2$) indicating that some PCBs were transported into the home from exterior sources (Dallas Ave road dust). PCBs were more highly concentrated and heavily loaded on area rugs versus hard flooring and in entryways versus main living areas. Rugs tend to trap dust and contaminants that bind to it. The majority of the dust collected in the home was held in area rugs.

The results were forwarded to the corresponding residence along with a letter of explanation. A toll-free number was provided with the results and DOH staff were available for further discussion with each household. The results of the sampling are evaluated in this health consultation to determine whether a public health hazard exists for the residents.

**Discussion**

PCBs are a mixture of man-made organic chemicals. There are no known natural sources of PCBs in the environment. The manufacture of PCBs stopped in U.S. in 1977 because of evidence that they could build up in the environment and cause toxic health effects. Although no longer manufactured, PCBs can still be found in certain products such as old fluorescent lighting fixtures, electrical devices or appliances containing PCB capacitors made before PCB use was stopped, old microscope oil, and old hydraulic oil. Prior to 1977, PCBs entered the environment (soil, water, air) during the manufacture and use of PCBs. Today, PCBs can still enter the environment from poorly maintained hazardous waste sites, illegal or improper dumping of PCB wastes such as old hydraulic oil, leaks from electrical transformer that contain PCB oils, and disposal of old consumer products that contain PCBs[8].

PCBs enter the environment as mixtures of individual components known as congeners. There are 209 structural variations of PCB congeners, which differ on the number and location of chlorine atoms on the chemical structure. Most PCBs commercially produced in the U.S. were made up of standard mixtures called Aroclors. The conditions for producing each Aroclor favored the synthesis of certain congeners, giving each Aroclor a unique pattern based on its congener composition. No Aroclor contained all 209 congeners.

Once in the environment, PCBs do not easily breakdown and may stay in the soil for years. PCBs stick to soil and sediment and will not usually leach deep into the soil with rainfall. As a result of their persistence, PCBs are found worldwide. Small amounts of PCBs can be found in almost all outdoor and indoor air, soil, sediments, surface water, and animals. PCBs bioaccumulate in the food chain and are stored in the fat tissue. The major dietary source of PCBs is fish. PCBs are also found in meats and dairy products [8].
Health effects

PCBs can get into peoples bodies by ingestion, inhalation and dermal (skin) contact. Some of the PCBs that enter the body are metabolized and excreted from the body within a few days; others stay in the body fat and liver for months and even years. PCBs collect in milk fat and can enter the bodies of infants through breast-feeding [8]. Skin irritation, vomiting, nausea, diarrhea, abdominal pain, eye irritation, and liver damage can occur in people acutely exposed to PCBs in occupational scenarios [8]. However, health effects relevant to low-level environmental exposures are immunological effects in monkeys (Arolcor 1254, RfD 0.00002 mg/kg/day) and developmental effects in kids exposed to PCBs in the womb, from mothers eating PCB contaminated fish [8].

PCBs Analytical Analysis

There are several possible methods to analyze samples for PCBs including quantifying Aroclor mixtures, PCB homologues, or individual PCB congeners. Traditionally, PCBs analysis has focused on identifying and quantifying Aroclor levels in a sample using U.S. Environmental Protection Agency (EPA) Method 8082 Gas Chromatography/Electron Capture Detector (GC/ECD). This method was used for soil analyses at the Dallas Avenue Soil Removal site. It is quick and relatively inexpensive and provides a pattern recognition estimate of Aroclors that can be sum as total PCBs. Weathering can make it difficult to match an environmental sample with an Aroclor pattern, leading to difficulties in identification and quantification of PCBs [9]. Aroclor analysis may over or underestimate PCB concentrations.

PCB Homologues (defined by the level of chlorination) are subcategories of PCB congeners. Homologues can be analyzed using EPA Method 8082 GC/ECD or using EPA 8270 or 1668A Gas Chromatography / Mass Spectrometry (GC/MS). Interferences may overestimate total PCB concentration using GC/ECD approach for analysis. In addition, sample analysis cost can increase three to five times over Aroclor analysis. GC/MS approach analysis can increase analysis cost over 10 times per sample as compare to Aroclor analysis.

Individual PCB congener analysis (using GC/MS) offer several advantages over Aroclor analysis for environmental risk data evaluation. These advantages include generally lower detection limits, easier interpretation (less interference caused by co-eluting peaks) and more accurate than estimating Aroclors. Similarly, congener analysis can increase cost by over 10 times per sample compared to Aroclor analysis. Currently, most of the available PCB toxicity data are for Aroclor mixtures. However, toxicity equivalency factors (TEFs) have been developed for several dioxin-like PCB congeners.

The house dust samples collected as part of this EI were analyzed by Aroclors analysis. Because the previous soil samples were analyzed by Aroclors analysis and the significant cost savings over analyzing for specific congeners or homologues analysis.
Non-cancer effects

In order to evaluate the potential for non-cancer adverse health affects that may result from exposure to PCBs in house dust, a dose is estimated for each route of exposure (ingestion, dermal, and inhalation). These doses are calculated for situations by which residents might contact the contaminated media. The total estimated dose is compared to a health guideline. If the estimated exposure dose is below the health guideline then the exposure is not likely to result in health effects. If the estimated dose exceeds the health guideline then additional analysis is needed to decide if health effects are likely.

EPA’s oral reference dose (RfD) for PCBs (based on Aroclor 1254 toxicity) was the health guideline chosen to evaluate potential exposures from house dust. RfDs are doses below which non-cancer adverse health effects are not expected to occur. These doses take into account the differences between animals and humans and difference among people. They are derived from toxic effect levels obtained from human population and laboratory animal studies. Because of uncertainty in these data, the toxic effect level is divided by “safety factors” to produce the lower and more protective RfD. If a dose exceeds the RfD, this indicates only the potential for adverse health effects. The magnitude of this potential can be inferred from the degree to which this value is exceeded. If the estimated exposure dose is only slightly above the RfD, then that dose will fall well below the toxic effect level. The higher the estimated dose is above the RfD, the closer it will be to the actual toxic effect level. This comparison is known as a hazard quotient (HQ) and is given by the equation below:

\[
HQ = \frac{\text{Estimated Dose (mg/kg-day)}}{\text{RfD (mg/kg-day)}}
\]

Exposure doses were calculated for people exposed through ingestion, dermal and inhalation pathways. Exposure equations, assumptions are provided in Appendix A, Tables A1, and A2. This health consultation assumes people are exposed everyday for thirty years to the maximum level measured in house dust (1.57 ppm). The highest estimated exposure dose was 2.83 E-5 mg/kg/day and is slightly above the RfD (2.0 E-5 mg/kg/day) for a child (0 -5 years old). Although a child exposure scenario results in a dose that exceeds RfD, this exposure is likely to fall below actual toxic effect levels due to the health protective nature of RfDs. Estimated exposure of older children and adults to PCBs is lower than RfD and so is not expected to result in adverse health effects.

Cancer effects

The EPA classifies PCB as a Group B2 probable human carcinogen. This means that there is sufficient evidence of carcinogenicity in animal studies, but inadequate evidence in human epidemiological studies. Cancer risk is estimated by calculating an exposure dose (Appendix A) similar to that described above and multiplying it by a cancer potency factor, also known as the cancer slope factor. Some cancer potency factors are derived from human population data. Others are derived from laboratory animal studies involving doses much higher than are encountered in the environment. Use of animal data requires extrapolation of the cancer potency
obtained from these high dose studies down to real-world exposures. This process involves much uncertainty.

Current regulatory practice assumes that there is no “safe dose” of a carcinogen and that a very small dose of a carcinogen could give a very small cancer risk. Cancer risk estimates are, therefore, not yes/no answers but measures of chance (probability). Such measures, however uncertain, are useful in determining the magnitude of a cancer risk. The validity of the “no safe dose” assumption for all cancer-causing chemicals is not clear. Some evidence suggests that certain chemicals considered carcinogenic must exceed a threshold of tolerance before initiating cancer. For such chemicals, risk estimates are not appropriate. More recent guidelines on cancer risk from EPA reflect the potential that thresholds for some carcinogenesis exist. However, EPA still assumes no threshold unless sufficient data indicate otherwise.

This document describes cancer risk that is attributable to site-related contaminants in qualitative terms like low, very low, slight and no significant increase in cancer risk. These terms can be better understood by considering the population size required for such an estimate to result in a single cancer case. For example, a low increase in cancer risk indicates an estimate in the range of one excess cancer case per ten thousand persons exposed over a lifetime. A very low estimate might result in one excess cancer case per several tens of thousands exposed over a lifetime and a slight estimate would require an exposed population of several hundreds of thousands to result in a single case. DOH considers cancer risk insignificant when the estimate results in less than one cancer per one million exposed over a lifetime. The reader should note that these estimates are for excess cancers that might result in addition to those normally expected in an unexposed population. Actual risks are likely to be much lower.

EPA has derived a cancer potency factor based on these studies so that cancer risk to humans can be quantified. Cancer risk is the likelihood, or chance, of getting cancer. In a worst-case scenario, the current highest level of PCB in house dust (1.57 ppm) would increase a person's cancer risk by 4 in 1,000,000 (4 excess cancers in a population of 1,000,000 people exposed) (See Appendix A - Table A3) and a lifetime cancer risk of 7 in 1,000,000. The reader should note that these estimates are for excess cancers that might result in addition to those normally expected in an unexposed population. This estimated risk is slight to very low.

**Children’s Health Concerns**

The unique vulnerabilities of infants and children demand special attention in communities that have contamination of their water, food, soil, or air. The potential for exposure and subsequent
adverse health effects often increases for younger children compared with older children or adults. ATSDR and DOH recognize that children are susceptible to developmental toxicity that can occur at levels much lower than those causing other types of toxicity. This vulnerability is a result of the following factors:

- Children are more likely to play outdoors and bring food into contaminated areas.
- Children are shorter and their breathing zone is closer to the ground, resulting in a greater likelihood to breathe dust, soil, and heavy vapors.
- Children are smaller and receive higher doses of chemical exposure per body weight.
- Children's developing body systems are more vulnerable to toxic exposures, especially during critical growth stages in which permanent damage may be incurred.

Although everyone is exposed to small amounts of PCBs, certain people may have higher levels of PCB exposure because of their eating habits or activities. The Food and Drug Administration (FDA) required limits for PCBs in food are 0.2 ppm in infant and junior foods, 1.5 ppm in milk, 2 ppm in fish and shellfish, and 3 ppm in poultry and red meat [8]. Most human exposure comes from dietary sources. For example, people that eat more fish than the general population may be exposed to more PCBs because fish are a common dietary source of PCBs.

During the evaluation of the house dust, DOH considered potential exposures to children, as well as to adults. The doses calculated for PCBs are not expected to result in adverse health effects for children, or adults, based on comparison with RfD value. The assessment did find that chronic exposure to PCBs over many years (for example, 30 years) does indicate a very low to slight increased cancer risk.

Conclusions

No apparent public health hazard exists for residents exposed to PCBs found in house dust along Dallas Avenue. Although a child may be exposed at levels slightly above the RfD, this exposure falls well below actual toxic effect level. In addition, exposure is expected to continually decline because remediation of PCBs in yard soil should eliminate further build-up of PCBs in indoor dust. Considering that the relatively low exposure estimates are expected to decline and that no children occupy the homes tested, exposure is considered to be below a level of concern. However, people should always try to reduce their exposure to contaminants. Therefore, the following recommendations below will help reduce daily exposure to contaminants.

Recommendations

1. Rugs should be shampooed or laundered with a mineral-oil-based cleaner or detergent to remove the PCBs.

2. Hardwood floors should be cleaned with a wet or damp disposable mop and a cleaning solution.
3. Follow-up indoor house dust sampling should be made available in order to confirm that 
PCB levels in dust are not increasing.

Public Health Action Plan

Actions completed

1. In December 2004, the City paved over with asphalt exposed PCB contaminated soils on 
unpaved and partially paved streets to eliminate the community’s potential exposure to 
the soil contaminants.

2. In December 2004, the City installed a temporary storm water collection and treatment 
system to control runoff from the newly paved roads.

3. In June 2005, the City removed additional soil containing PCBs that exceeded the state 
Model Toxics Control Act cleanup level for residential soil of one part per million. Crews 
excavated and disposed of the soil and replaced it with clean material in two residential 
front yards on 17th Avenue South, a roadway shoulder on 16th Avenue South between 
Dallas Avenue South and South Cloverdale Street and gravel material in a storage lot on 
Dallas Avenue South near 16th Avenue South.

Actions Planned

- DOH will offer follow-up indoor house dust sampling to the residents affected.
Authors

Lenford O’Garro
Washington State Department of Health
Office of Environmental Health Assessments
Site Assessment Section

Designated Reviewer
Wayne Clifford, Manager
Site Assessment Section
Office of Environmental Health Assessments
Washington State Department of Health

ATSDR Technical Project Officer
Alan Parham
Division of Health Assessment and Consultation
Agency for Toxic Substances and Disease Registry
References


3. Personal communication between Lenford O’Garro, DOH, and Barbara Trejo, DOH, November 9, 2004.


Figure 1. Demographic Statistics Within One Mile of the Site* - Seattle, King County, Washington.

<table>
<thead>
<tr>
<th>King County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>5306</td>
</tr>
<tr>
<td>White</td>
<td>2439</td>
</tr>
<tr>
<td>Black</td>
<td>442</td>
</tr>
<tr>
<td>American Indian, Eskimo, Aleut</td>
<td>97</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>947</td>
</tr>
<tr>
<td>Other Race</td>
<td>1076</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>1712</td>
</tr>
<tr>
<td>Children Aged 6 and Younger</td>
<td>581</td>
</tr>
<tr>
<td>Adults Aged 65 and Older</td>
<td>438</td>
</tr>
<tr>
<td>Females Aged 15 - 44</td>
<td>1171</td>
</tr>
<tr>
<td>Total Aged over 18</td>
<td>3881</td>
</tr>
<tr>
<td>Total Aged under 18</td>
<td>1425</td>
</tr>
<tr>
<td>Total Housing Units</td>
<td>1928</td>
</tr>
</tbody>
</table>

* Calculated using the area proportion technique. Source: 2000 U.S. CENSUS
Figure 2. Dallas Avenue South Soil Removal Project - Seattle, King County, Washington.
Appendix A

This section provides calculated exposure doses and assumptions used for exposure to PCBs in house dust at Dallas Ave. Three different exposure scenarios were developed to model exposures that might occur. These scenarios were devised to represent exposures to a child (0-5 yrs), an older child, and an adult. The following exposure parameters and dose equations were used to estimate exposure doses from direct contact with PCB in house dust using general exposures parameters for soil exposure.

**Exposure to PCB in house dust via ingestion, inhalation, and dermal absorption.**

**Total dose** (non-cancer) = Ingested dose + inhaled dose + dermally absorbed dose

**Ingestion Route**

\[
\text{Dose}_{\text{non-cancer}} (\text{mg/kg-day}) = \frac{C \times CF \times IR \times EF \times ED}{BW \times AT_{\text{non-cancer}}}
\]

Cancer Risk = \( \frac{C \times CF \times IR \times EF \times CPF \times ED}{BW \times AT_{\text{cancer}}} \)

**Dermal Route**

Dermal Transfer (DT) = \( \frac{C \times AF \times ABS \times AD \times CF}{ORAF} \)

\[
\text{Dose}_{\text{non-cancer}} (\text{mg/kg-day}) = \frac{DT \times SA \times EF \times ED}{BW \times AT_{\text{non-cancer}}}
\]

Cancer Risk = \( \frac{DT \times SA \times EF \times CPF \times ED}{BW \times AT_{\text{cancer}}} \)

**Inhalation of Particulate from Soil Route**

\[
\text{Dose}_{\text{non-cancer}} (\text{mg/kg-day}) = \frac{C \times SMF \times IHR \times EF \times ED \times 1/PEF}{BW \times AT_{\text{non-cancer}}}
\]

Cancer Risk = \( \frac{C \times SMF \times IHR \times EF \times ED \times CPF \times 1/PEF}{BW \times AT_{\text{cancer}}} \)
Table A1. Exposure Assumptions for exposure to PCB contamination in house dust sample at Dallas Ave – Seattle, King County, Washington.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration (C)</td>
<td>Variable</td>
<td>mg/kg</td>
<td>Maximum detected value</td>
</tr>
<tr>
<td>Conversion Factor (CF)</td>
<td>0.000001</td>
<td>kg/mg</td>
<td>Converts contaminant concentration from milligrams (mg) to kilograms (kg)</td>
</tr>
<tr>
<td>Ingestion Rate (IR) – adult</td>
<td>100</td>
<td>mg/day</td>
<td>Exposures Factors Handbook [23]</td>
</tr>
<tr>
<td>Ingestion Rate (IR) – older child</td>
<td>100</td>
<td>mg/day</td>
<td></td>
</tr>
<tr>
<td>Ingestion Rate (IR) - child</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure Frequency (EF)</td>
<td>350</td>
<td>days/year</td>
<td>Average days in school year</td>
</tr>
<tr>
<td>Exposure Duration (Ed)</td>
<td>30 (5, 10,15)</td>
<td>years</td>
<td>Number of years at one residence (child, older child, adult yrs)</td>
</tr>
<tr>
<td>Body Weight (BW) - adult</td>
<td>72</td>
<td>kg</td>
<td>Adult mean body weight</td>
</tr>
<tr>
<td>Body Weight (BW) – older child</td>
<td>41</td>
<td></td>
<td>Older child mean body weight</td>
</tr>
<tr>
<td>Body Weight (BW) - child</td>
<td>15</td>
<td></td>
<td>0-5 year-old child average body weight</td>
</tr>
<tr>
<td>Surface area (SA) - adult</td>
<td>5700</td>
<td>cm²</td>
<td></td>
</tr>
<tr>
<td>Surface area (SA) – older child</td>
<td>2900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface area (SA) - child</td>
<td>2900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Averaging Time_{non-cancer} (AT)</td>
<td>1825</td>
<td>days</td>
<td>5 years</td>
</tr>
<tr>
<td>Averaging Time_{cancer} (AT)</td>
<td>27375</td>
<td>days</td>
<td>75 years</td>
</tr>
<tr>
<td>Cancer Potency Factor (CPF)</td>
<td>2.0</td>
<td>mg/kg-day⁻¹</td>
<td>Source: EPA; CPF are presented in Table A 3</td>
</tr>
<tr>
<td>24 hr. absorption factor (ABS)</td>
<td>0.14</td>
<td>unitless</td>
<td>Source: EPA Chemical Specific PCB</td>
</tr>
<tr>
<td>Oral route adjustment factor (ORAF)</td>
<td>1</td>
<td>unitless</td>
<td>Non-cancer (nc) / cancer (c) - default</td>
</tr>
<tr>
<td>Adherence duration (AD)</td>
<td>1</td>
<td>days</td>
<td>Source: EPA</td>
</tr>
<tr>
<td>Adherence factor (AF)</td>
<td>0.2</td>
<td>mg/cm²</td>
<td>Child, older child</td>
</tr>
<tr>
<td></td>
<td>0.07</td>
<td></td>
<td>Adult</td>
</tr>
<tr>
<td>Inhalation rate (IHR) - adult</td>
<td>15.2</td>
<td>m³/day</td>
<td>Exposures Factors Handbook</td>
</tr>
<tr>
<td>Inhalation rate (IHR) – older child</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalation rate (IHR) - child</td>
<td>8.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil matrix factor (SMF)</td>
<td>1</td>
<td>unitless</td>
<td>Non-cancer (nc) / cancer (c) - default</td>
</tr>
<tr>
<td>Particulate emission factor (PEF)</td>
<td>1.45E+7</td>
<td>m³/kg</td>
<td>Model Parameters</td>
</tr>
</tbody>
</table>
Ingestion, Dermal and Inhalation Dust Route of Exposure – Non-cancer

Table A2. Non-cancer hazard calculations resulting from exposure to PCB contamination in house dust at Dallas Ave – Seattle, King County, Washington.

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>Concentration (ppm)</th>
<th>Scenarios</th>
<th>Estimated Dose (mg/kg/day)</th>
<th>Total Dose (mg/kg/day)</th>
<th>RfD (mg/kg/day)</th>
<th>Hazard quotient</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCB</td>
<td>1.57</td>
<td>Child</td>
<td>2.01E-5</td>
<td>8.15E-6</td>
<td>5.75E-8</td>
<td>2.83E-5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Older child</td>
<td>3.67E-6</td>
<td>2.98E-6</td>
<td>3.54E-8</td>
<td>6.68E-6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult</td>
<td>2.09E-6</td>
<td>1.17E-6</td>
<td>2.19E-8</td>
<td>3.28E-6</td>
</tr>
</tbody>
</table>

Ingestion, Dermal and Inhalation Dust Route of Exposure - Cancer

Table A3. Cancer risk resulting from exposure to PCB contamination in house dust at Dallas Ave – Seattle, King County, Washington.

| Contaminant | Max Concentration (ppm) | EPA Cancer Group | Cancer Potency Factor (mg/kg-day⁻¹) | Scenarios   | Increased Cancer Risk | Total Cancer Risk | | | | |
|-------------|-------------------------|------------------|-------------------------------------|-------------|-----------------------|-------------------| | | | |
| PCB         | 1.57                    | B2               | 2.0                                 | Child       | 2.68E-6 1.09E-6 7.66E-9 | 3.78E-6           |
|             |                         |                  |                                     | Older child | 9.79E-7 7.95E-7 9.46E-9 | 1.78E-6           |
|             |                         |                  |                                     | Adult       | 8.36E-7 4.67E-7 8.77E-9 | 1.31E-6           |

Lifetime cancer risk: 3.78E-6 + 1.78E-6 + 1.31E-6 = 6.87E-6
Appendix B

John/Jane Doe
XX YYYY Road
Seattle, WA

John/Jane Doe,

The Washington State Department of Health (DOH) is concerned about PCBs contamination in your yard. Soil in your neighborhood and yard was contaminated with PCBs. Some steps have been taken to reduce your exposure by paving the adjacent road. DOH sent you a report about the health hazards linked to PCBs. DOH suggested sampling of indoor dust in your home. DOH is now offering free indoor dust sampling. Dust testing will help DOH decide if PCB exposure is a problem.

DOH is doing this study with the Agency for Toxic Substances and Disease Registry (ATSDR). The study is free of charge. If you are interested, I would explain the purpose of the procedure to you. A signed consent form for the dust sample is enclosed. This form is required to take part. You may change your mind at anytime.

Please contact me toll-free at 1-877-485-7316 or 360-236-3376 to set a date and/or to discuss any concerns that you may have.

Sincerely,

Lenford O’Garro
Public Health Advisor
Site Assessment Section
Office of Environmental Health Assessments
Washington State Department of Health

Enclosure: Consent Forms
Appendix C

Consent Form for Environmental Sampling
Dallas Avenue Exposure Investigation

The Washington State Department of Health (DOH) invites you to join in an exposure study. We are concerned that you might have been exposed to PCBs. DOH and the Agency for Toxic Substances and Disease Registry (ATSDR) are offering free, voluntary PCB house dust sampling. This testing will help you know the level of PCBs in your house dust. It will also help DOH and ATSDR to determine what actions are needed. It will take about 30 minutes for DOH to sample the dust in your home.

Benefits
You will benefit by learning the PCB level in your home’s dust. We will tell you how to reduce your exposure to PCBs.

Risks
There are no health risks from joining in this study. The results may affect your property value since they must be disclosed during any future sale of the property.

Procedure/Tests:
DOH staff will vacuum a high traffic area that you identify in your home. Up to four homes will be tested during this project.

Participation
Your participation is voluntary. Providing any information is voluntary. You can stop participating at any time. You must sign this form to take part in the sampling.

Results
The test results will be provided in writing in about three months. Results that are of immediate health concern will be reported to you as soon as they are known.

Confidentiality
State law protects confidentiality. Reports based on the results will not identify specific individuals in any way. Forms containing your name or address will be kept in locked cabinets at DOH. Only federal, state, or local public health and environmental agencies may review test results. These agencies must also protect this confidential information.

Contact
If you have any questions or if you feel this investigation or the testing has harmed you, please contact: Lenford O’Garro or Wayne Clifford of DOH at 1 (877) 485-7316.

Consent
The risks and benefits of this exposure study have been explained. All of your questions have been answered. You hereby consent to participate in the health investigation described above.
I, (print)____________________________, agree to have my house dust sampled for PCBs.

Signature: ______________________________________

Date: ____________

Address: 

__________________________________________

Street

__________________________________________

City          State          Zip code

__________________________________________

Phone #:       ____________

Witness:       ____________________________  ____________________________
              (Print name)                  (Signature)
Appendix D

Housedust Sampling Protocol

(Adapted from “Total Pesticide Exposure Study: Standard Operating Procedures- SOP Section 2. House Dust Sampling Procedures. University of Washington, Department of Environmental Health, Alex Lu, PhD”)

2.0 Objective

Collect house dust samples for measurement of PCB in order to provide an estimate of potential exposure to residents.

2.1 Materials

Nilfisk
Ethyl alcohol
Waste container with cap for ethyl alcohol
Disposable gloves
Kimwipe™
Measuring tape and masking tape
Housedust Sample Data Sheets
Sharpie and sample labels
Field notebook
Nilfisk GS-80 or GM-80 vacuum cleaner
Nilfisk GS-80 or GM-80 vacuum cleaner accessories (vacuum cleaner bags, polyliner bags, straight steel wand, 32-mm anti-static vacuum hose, 32-mm anti-static vacuum hose coupler components, and 5” upholstery nozzle)
Extension cord
Adapter (3-prong to 2-prong)
Vacuum template (1 m x 1 m template)
Ziplock plastic bags (9” x 13”)
Squeeze bottle (filled with deionized water)
Regular pen
Storage boxes (for transporting supplies)
Paper towels
Camel-hair paintbrush

2.2 Pre-field Preparation

Clean the Nilfisk vacuum hoses, curved plastic tubes, and upholstery nozzles with soap and water, tap water rinse and solvent rinse with ethyl alcohol.
2.3 **Field Base Procedures**

There are really no procedures that need to be performed at the Field Base with respect to the house dust samples. Simply keep the samples (in their ziplock bags) secured in a storage box or cooler (no ice is necessary).

2.4 **On-site Preparation**

1. Complete the Housedust Sample Data Sheet with homeowner.
2. Label each data sheet with the appropriate homeowner identification number.
3. Date and initial all data sheets.

2.5 **Criteria for Sampling**

1. Explain to the parent that you wish to vacuum their carpet. Ask the parent where the best place is for plugging in the vacuum cleaner.
2. Ask the parent where the most frequently used areas of the home are located. This area usually includes the central living area of the home.
3. Collect a sample of approximately 10 grams from a high use carpeted area of the home. Sample another area of the carpet next to the area you just sampled if you do not collect sufficient dust.

2.6 **Housedust Sampling Procedures**

2.6.1 *Setting up the Nilfisk Vacuum Cleaner*

1. The Nilfisk unit is divided into three layers: the top layer is the high efficiency particulate air (HEPA) filter; the middle layer is where the motor and main filter can be found; and the lower layer is the container in which the polyliner and vacuum collection bags are placed.

2. Unsnap the two lower container clips and pull up on the Nilfisk unit handle to remove the top two-thirds of the Nilfisk unit. With a lightly moistened paper towel, wipe clean the lower container of the Nilfisk unit, in particular the hose socket where the hose connects to the Nilfisk unit. Attach a new vacuum collection bag by placing the plastic ring on the bag around the hose socket tube on the interior wall of the lower container of the Nilfisk unit. Carefully place a polyliner bag around the vacuum collection bag. The opening of the polyliner bag should loosely wrap around where the vacuum bag attaches to the hose socket tube.
3. Place the top two-thirds of the Nilfisk unit back onto the lower container until it fits snugly in the grooves. Snap shut the lower container clips.

4. Connect one end of the 2-m length of 32-mm anti-static hose to the coupler pieces and the other end to the curved plastic tube.

5. Attach the two steel wands together. The end that has the plastic ring around it should be connected to the curved plastic tube end of the vacuum hose. The 5” upholstery nozzle will fit snugly on the steel metal end of the two wands.

6. The coupler side of the vacuum hose can then be placed into the hose socket on the exterior of the Nilfisk unit itself. Turn the coupler clockwise to lock it into place.

7. Plug the power cord into the electric socket found on the top layer of the Nilfisk unit. Once the Nilfisk unit is plugged into an electric outlet, turn it on by pushing down on the blue button.

2.6.2. *House Dust Sampling*

1. Measure out a 1.0 m by 1.0 m template for the sampling area and tape it down with masking tape. Using the Nilfisk vacuum cleaner unit hooked up to the upholstery nozzle, vacuum the marked out area in a repetitive fashion (up, down, over; repeat (see diagram below)). Once the entire area has been vacuumed, vacuum the same area again in the same manner, but in a perpendicular direction to what was originally done (see diagram below). Completion of this procedure will ensure that each area within the vacuuming template will have been vacuumed over four times.
2. The dust collection procedure calls for a total dust sample of approximately 10 grams, although more is better. Sample another area of the carpet next to the area you just sampled if you do not collect sufficient dust.

» Use the following floor, room, and area preference lists/protocols to help make decisions during the vacuuming procedure:

A. Floor Preference
1. Full carpet
2. Area rugs
3. Smooth floors

B. Room Preference
1. Living/common room
2. Child’s bedroom
3. Kitchen/dining area
4. Use your judgment and be sure to record your choice

C. Area Protocol
1. Four (4) template areas for shaggy, ≥ 1 inch fiber carpet
2. Six (6) template areas for low < 1 inch carpet
3. Eight (8) template areas for smooth floors

3. Once the vacuuming procedure has been completed, lift the vacuum hose off of the ground and allow air to be sucked in for about ten (10) to fifteen (15) seconds. This will ensure that any dust particles still in the vacuum hose will be sucked into the vacuum bag.

4. Turn off the Nilfisk unit. Allow the Nilfisk unit to sit undisturbed for at least thirty (30) seconds before doing anything else with it. This delay allows the dust to settle within the vacuum bag and reduces the chance of sample loss when the polyliner and vacuum bags are removed.

5. Unsnap the two lower container clips and remove the polyliner and vacuum collection bags within it. Fold the polyliner bag carefully, making sure to seal off the vacuum collection bag inside. Label the sample with appropriate sample number and description (subject ID number and initial “E” for entry, “L” for living room, “P” for playroom, “B” for bedroom) Record this information on the sample data sheet. Record on the Housedust Sample Data Sheet the location and size of the sample area. Transfer these two bags into a prelabeled ziplock bag.

6. Place the house dust sample into a storage box or cooler (36-qt) for transfer to the Field Base. No ice is necessary.

7. Remove the used hose and nozzle and set aside for cleaning at the Field Base. With a lightly moistened paper towel (use deionized water from the squeeze bottle), wipe
clean the lower container of the Nilfisk unit which held the polyliner and vacuum collection bags. In particular, clean the hose socket where the hose connects to the Nilfisk unit. A brush can be used to clean out hard-to-reach spots. Insert a new polyliner and new vacuum collection bag. If the vacuum is to be used again immediately, attach a previously decontaminated replacement hose and nozzle.

8. Wipe the template with a moistened paper towel and store for later use.

2.7. **Cleaning the Nilfisk Unit and Accessories**

1. The lower containers of the Nilfisk units should be wiped down with a lightly moistened paper towel each time the polyliner and vacuum bags are replaced. Be careful not to wet the insides of the Nilfisk unit too much as excess moisture will harm the motor and HEPA filter.

2. The used vacuum hoses, curved plastic tubes, and upholstery nozzles should be cleaned at the Field Base.

3. Place a polyliner and vacuum bag into a Nilfisk unit as described above in step 2.6.1. If available, it may be useful to keep one Nilfisk unit at the Field Base specifically for cleaning purposes. Also, one polyliner bag and one vacuum bag can be reused for the cleaning procedure. Change the bags only when they appear to be worn or full.

4. If available, use the long vacuum hose brush to scrub the interior of a used vacuum hose to remove any accumulated dust. If a vacuum hose brush is not available, tie a piece of string around a moistened paper towel or kimwipe and with the aid of the Nilfisk unit’s suction, maneuver the string through the vacuum hose to one end. Once this is accomplished, pull the moistened towel through the hose. Repeat this process with new towels until the towels exit the hose in a reasonably clean state. Take caution to prevent the motor from overheating if the hose opening is plugged up.

5. After carefully cleaning the interior of the hose, attach it to the Nilfisk unit. Run the unit for about 15 seconds, holding the vacuum hose in a vertical position and gently tapping it to help any dislodged particles to be sucked into the vacuum collection bag. The interior of the hose can also be brushed while the Nilfisk unit is running, but caution must be used to prevent the motor from overheating if the hose opening is plugged up. Repeat this process for each used vacuum hose.

6. Wipe the curved plastic tube with a moistened paper towel to remove any visible dirt or dust.

7. The upholstery nozzles can be washed using warm water and a little bit of soap. Make sure they have fully dried before using them again.
Housedust Sample Data Sheets

Residence Location: __________________________________________________

Residence ID: ______________________

Sample Location 1: _______________  Sample Area 1 (m²): _______________

Sample Location 2: _______________  Sample Area 2 (m²): _______________

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Operator: _________________________

Date: __________________          Time: __________________
## Sample Key

<table>
<thead>
<tr>
<th>Indoor Dust Samples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>ID Code</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certification

This Dallas Avenue Neighborhood Exposure Investigation Health Consultation was prepared by the Washington State Department of Health under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR). It was completed in accordance with approved methodology and procedures existing at the time the health consultation was initiated. Editorial review was completed by the Cooperative Agreement partner.

Alan Parham  
Technical Project Officer, CAT, SPAB, DHAC  
ATSDR

The Division of Health Assessment and Consultation, ATSDR, has reviewed this public health consultation and concurs with the findings.

Gregory V. Yarbrough  
Team Lead, CAT, SPAB, DHAC  
ATSDR