South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-2000 • www.aqmd.gov

HEALTH RISK ASSESSMENT SUMMARY FORM

(Required in Executive Summary of HRA)

Facility Name : _____

Facility Address: _____

_____

Type of Business: _____

SCAQMD ID No.: _____

A. Cancer Risk*

(One in a million means one chance in a million of getting cancer from being constantly exposed to a certain level of a chemical over 70 years)

1. Inventory Reporting Year : _____
2. Maximum Cancer Risk to Receptors :
   a. Offsite _____ in a million Location: _____
   b. Residence _____ in a million Location: _____
   c. Worker _____ in a million Location: _____
3. Substances Accounting for 90% of Cancer Risk: _____

   Processes Accounting for 90% of Cancer Risk: _____
4. Estimated Population Exposed to Specific Risk Levels
   a. 1 to <10 in a million _____
   b. 10 to <100 in a million _____
   c. 100 to <1000 in a million _____
   d. >=1000 in a million _____
   e. Total >= 1 in a million _____
5. Cancer Burden: _____

   Cancer Burden = (cancer risk) x (no. of people exposed to specific cancer risk)
6. Maximum Distance to Edge of 1 x 10^{-6} Cancer Risk Isopleth (meters) _____

B. Hazard Indices*

[Long Term Effects(chronic) and Short Term Effects (acute)]

(non-carcinogenic impacts are estimated by comparing calculated concentration to identified reference exposure levels, and expressing this comparison in terms of a "Hazard Index")

1. Maximum Chronic Hazard Indices:
   a. Residence HI: _____ Location: _____ toxicological endpoint: _____
   b. Worker HI : _____ Location: _____ toxicological endpoint: _____
2. Substances Accounting for 90% of Chronic Hazard Index: _____
3. Maximum Acute Hazard Index:

   PMI: _____ Location: _____ toxicological endpoint: _____
4. Substances Accounting for 90% of Acute Hazard Index: _____

*Provide Tables listing contribution of each substance to Maximum Cancer Risk, Acute HI, and Chronic HI.