DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2017–0059]

Notice of Availability of Record of Decision for Site Acquisition and Campus Consolidation for the Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health (CDC/NIOSH), Cincinnati, Ohio

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS), in cooperation with the U.S. General Services Administration (GSA), announces the availability of the Record of Decision (ROD) for the acquisition of a site in Cincinnati, Ohio, and development of this site into a new, consolidated CDC/National Institute for Occupational Safety and Health (NIOSH) campus (Proposed Action). The site to be acquired is bounded by Martin Luther King Drive East to the south, Harvey Avenue to the west, Ridgeway Avenue to the north, and Reading Road to the east.

CDC published a Final Environmental Impact Statement (EIS) for this action on July 20, 2018 pursuant to the requirements of the National Environmental Policy Act (NEPA) of 1969 as implemented by the Council on Environmental Quality (CEQ) Regulations (40 CFR parts 1500–1508). CDC carefully considered the findings of the Final EIS when making its decision.

ADDITIONAL INFORMATION: CDC is dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. NIOSH, one of CDC’s Centers, Institutes, and Offices, was established by the Occupational Safety and Health Act of 1970. NIOSH plans, directs, and coordinates a national program to develop and establish recommended occupational safety and health standards; conduct research and training; provide technical assistance; and perform related activities to assure safe and healthful working conditions for every working person in the United States.

Currently, three NIOSH research facilities—the Robert A. Taft Campus, Taft North Campus, and the Alice Hamilton Laboratory Campus—are located in Cincinnati, Ohio. These facilities no longer meet the research needs required to support occupational safety and health in the modern workplace. The facilities’ deficiencies adversely affect NIOSH’s ability to conduct occupational safety and health research in Cincinnati. It is not possible to renovate the facilities located on the three campuses to meet current standards and requirements.

Additionally, the current distribution of NIOSH activities across separate campuses in Cincinnati results in inefficiencies in scientific collaboration and the duplication of operational support activities. To address these issues, CDC proposed to relocate and consolidate its Cincinnati-based functions and personnel (approximately 550 employees) currently housed at the three existing campuses to a new, consolidated campus in Cincinnati. Potential locations for the new campus were identified through a comprehensive site selection process conducted by GSA on behalf of CDC. In June 2016, GSA issued a Request for Expressions of Interest (REOI) seeking potential sites capable of accommodating the proposed new campus. In response to the REOI, GSA received seven expressions of interest. Following an assessment of each site, GSA found that only one site qualified for further consideration (the Site). The Site encompasses all land between Martin Luther King Drive East to the south, Harvey Avenue to the west, Ridgeway Avenue to the north, and Reading Road to the east in Cincinnati, Ohio.

Under NEPA, as implemented by CEQ Regulations (40 CFR parts 1500–1508), Federal agencies are required to evaluate the environmental effects of their proposed actions and a range of reasonable alternatives to the proposed action before making a decision. In compliance with NEPA, CDC published a Draft EIS for the proposed site acquisition and campus consolidation on February 9, 2018 and a Final EIS on July 20, 2018. The Final EIS was available for public review and comment for 45 days. All comments received were considered when preparing the Final EIS. The Draft and Final EIS analyzed two alternatives: the Proposed Action Alternative (acquisition of the Site and construction of a new, consolidated CDC/NIOSH campus) and the No Action Alternative (continued use of the existing campuses for the foreseeable future). The Final EIS identified the Proposed Action Alternative as CDC’s Preferred Alternative.

After carefully reviewing the Final EIS and all comments received, CDC has made the decision to implement the Proposed Action Alternative. CDC’s rationale for this decision is detailed in the ROD. The ROD incorporates all the mitigation and minimization measures described in the Final EIS.


Sandra Cashman, Executive Secretary, Centers for Disease Control and Prevention.

[PR Doc. 2018–17707 Filed 8–20–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2018–0059; NIOSH–315]

Request for Information About Inorganic Lead (CAS No. 7439–92–1)

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) intends to evaluate the scientific data on inorganic lead, to develop updated recommendations on the potential health risks, medical surveillance, recommended measures for safe handling, and to establish an updated Recommended Exposure Limit (REL).

DATES: Electronic or written comments must be received by October 22, 2018.
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work tasks and scenarios with a potential for exposure to inorganic lead; (4) information on control measures (e.g., engineering controls, work practices, personal protective equipment, exposure data before and after implementation of control measures) that are being used in workplaces with potential exposure to inorganic lead; (5) surveillance findings including protocol, methods, and results; and (6) other relevant information related to occupational exposure to inorganic lead.

Background: The current Recommended Exposure Limit (REL) for inorganic lead is 50 μg/m³ as a Time-weighted Average (TWA) concentration for an 8-hour work shift during a 40-hour workweek [NIOSH 2007]. As part of an effort to identify RELs that may not be adequate to protect workers from adverse health effects due to exposure, NIOSH is reexamining the REL for inorganic lead. The Occupational Safety and Health Administration (OSHA) lead standard, 29 CFR 1910.1025, established a permissible exposure limit (PEL) for inorganic lead at 50 μg/m³ for an 8-hour period with an action level of 30 μg/m³ for an 8-hour period [CFR 2018]. The American Conference of Governmental Industrial Hygienists (ACGIH)® threshold limit value (TLV®)-TWA for lead and inorganic compounds is 50 μg/m³ with an A3 carcinogenicity classification (confirmed animal carcinogen with unknown relevance to humans) [ACGIH 2018].

Information Needs: NIOSH seeks to obtain materials, including published and unpublished reports and research findings, to evaluate the possible health risks of occupational exposure to inorganic lead. Examples of requested information include, but are not limited to, the following:

1. Identification of industries or occupations in which exposures to inorganic lead may occur.
2. Trends in the production and use of inorganic lead.
3. Description of work tasks and scenarios with a potential for exposure to inorganic lead.
4. Workplace exposure measurement data of inorganic lead (airborne and surface) in various types of industries and jobs with an emphasis on de-identified, breathing zone airborne inorganic lead exposures with corresponding blood lead levels. De-identified data do not contain personally identifiable information that can be used to distinguish or trace an individual’s identity.
5. Case reports or other health information demonstrating potential health effects in workers exposed to inorganic lead.

6. Information on control measures (e.g., engineering controls, work practices, PPE) being taken to minimize worker exposure to inorganic lead.
7. Educational materials for worker safety and training on the safe handling of inorganic lead.
8. Data pertaining to the feasibility of establishing a more protective REL for inorganic lead.

References
ACGIH [2018]. 2018 TLVs® and BEIs®: Threshold limit values for chemical substances and physical agents and biological exposure indices. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.

Dated: August 16, 2018.

Frank J. Hearl,
Chief of Staff, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2018–18019 Filed 8–20–18; 8:45 am]
BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Intergovernmental Reference Guide (IRG).
OMB No.: 0970–0200.
Description: The Intergovernmental Reference Guide (IRG) is a centralized and automated repository of state and tribal profiles, which contains high-level descriptions of each state and the tribal child support enforcement (CSE) program. These profiles provide state and tribal CSE agencies, and foreign countries with an effective and efficient method for updating and accessing information needed to process intergovernmental child support cases. The IRG information collection activities are authorized by: (1) 42 U.S.C. 652(a)(7), which requires the federal Office of Child Support Enforcement (OCSE) to provide technical assistance to state child support enforcement agencies to help

ADDRESSES: You may submit comments, identified by CDC–2018–0059 and Docket Number NIOSH–315, by any of the following methods:

• Federal eRulemaking Portal: https://regulations.gov. Follow the instructions for submitting comments.
• Mail: National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS–C34, Cincinnati, Ohio 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC–2018–0059; NIOSH–315]. All relevant comments received will be posted without change to https://www.regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to https://www.regulations.gov. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226–1998.

FOR FURTHER INFORMATION CONTACT: R. Todd Niemeier, NIOSH, Robert A. Taft Laboratories, MS C32, 1090 Tusculum Avenue, Cincinnati, Ohio 45226–1998, telephone (513) 533–8166 (not a toll free number).

SUPPLEMENTARY INFORMATION: Inorganic lead is a naturally occurring soft, gray metal used in various forms since ancient times. Occupational exposures occur in a wide range of industries including, but not limited to, the following: Construction, smelting and refining, firing ranges, automobile repair, electronic waste recycling, metal recycling, and many others. Significant occupational exposures to inorganic lead are through inhalation, ingestion, and through the skin, principally through damaged skin.

The current NIOSH REL for inorganic lead is 50 micrograms per cubic meter (μg/m³) as a time-weighted average (TWA) concentration for an 8-hour work shift during a 40-hour workweek [NIOSH 2007].

NIOSH is requesting information on the following: (1) De-identified (without personally identifiable information such as name, social security number, date of birth, etc.) inorganic lead breathing zone airborne exposure measurements with corresponding blood lead level concentrations; (2) information on possible health effects observed in workers exposed to inorganic lead, including exposure data (airborne, blood, and/or surface) and the method(s) used for sampling and analyzing exposures; (3) description of work tasks and scenarios with a potential for exposure to inorganic lead; (4) information on control measures (e.g., engineering controls, work practices, personal protective equipment, exposure data before and after implementation of control measures) that are being used in workplaces with potential exposure to inorganic lead; (5) surveillance findings including protocol, methods, and results; and (6) other relevant information related to occupational exposure to inorganic lead.