The 2007 Priority List of Hazardous Substances contains, based on CERCLA § 104(i)(2)(A) ³ criteria, 275 substances that represent the greatest concern to public health. Using the current algorithm, a total of 859 candidate substances have been analyzed and ranked. Of these candidates, the 275 substances on the priority list may in the future become subjects of toxicological profiles.

In 2 years ATSDR intends to publish the next revised list of hazardous substances, with an informal review and revision performed in 1 year. These revisions will reflect changes and improvements in data collection and in availability. Additional information on the existing methodology used in the development of the CERCLA Priority List of Hazardous Substances can be found in the List Support Document and in the above-referenced Federal Register notices.

In addition to the revised priority list, ATSDR is also releasing a Completed Exposure Pathway Site Count Report. A completed exposure pathway (CEP) links a contaminant source to a receptor population. The CEP ranking is similar to a subcomponent of the listing algorithm's potential-for-humanexposure component. The CEP ranking is based on a site frequency count and thus lists the number of sites at which a substance has been found in a CEP. ATSDR's HazDat database contains this information, which is derived from ATSDR public health assessments and from health consultations. The CEP report therefore focuses on documented exposure, and lists hazardous substances according to exposure frequency. Because exposure to hazardous substances is a matter of concern, ATSDR publishes this CEP report together with the CERCLA Priority List of Hazardous Substances.

The substances in the CEP report are similar to those in the CERCLA Priority List of Hazardous Substances. Substances are listed in the CEP report because they are frequently found in completed exposure pathways. Some of these substances, however, have a very low toxicity (e.g., sodium) and as a result are not included in the CERCLA Priority List. As stated, given that the CERCLA Priority List uses toxicity, frequency of occurrence, and potential for human exposure to determine its priority substances, other low-toxicity substances will not appear on the CERCLA Priority List and, consequently, will not become subjects of toxicological profiles. In addition, because CERCLA mandates the

Ken Rose.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-120]

Notice of Draft Document Available for Public Comment

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).

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the following draft document available for public comment entitled "NIOSH Alert: Preventing Chronic Beryllium Disease and Beryllium Sensitization." The document and instructions for submitting comments can be found at http://www.cdc.gov/niosh/review/public/120/.

Public Comment Period: March 6, 2008 through May 12, 2008.

Status: Written comments may be submitted to the NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, Mailstop C–34, Cincinnati, Ohio 45226, (513) 533–8611. All material submitted to the Agency should reference NIOSH Docket number 120 and must be submitted by May 12, 2008, to be considered by the Agency. All electronic comments should be formatted as Microsoft Word.

All information received in response to this notice will be available for public examination and copies available at the NIOSH Docket Office, Room 111, 4676 Columbia Parkway, Cincinnati, Ohio

Background: Beryllium is a lightweight metal with many remarkable properties, including heat resistance and conductance, electrical conductance, flexibility, formability, neutron moderation, x-ray transparency, and lubricity. Exposure to beryllium can

lead to sensitization, a cell-mediated allergic-type response, and cause a granulomatous lung disease called chronic beryllium disease.

The Alert describes the nature of the lung disease and other health effects that can occur from exposure to beryllium and beryllium-containing materials and recommends steps companies and workers should take to minimize the health risk to workers. This guidance document does not have the force and effect of law.

Contact Person for Technical Information: Christine R. Schuler, PhD, Research Epidemiologist, Division of Respiratory Disease Studies, NIOSH. To ask technical questions, please call (304) 285–6369 or send e-mail to BeAlert@cdc.gov. All comments on the Alert must be submitted as stated in the Status section.

Reference: NIOSH Alert: Preventing Chronic Beryllium Disease and Beryllium Sensitization http:// www.cdc.gov/niosh/review/public/120/.

Dated: February 29, 2008.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–4332 Filed 3–5–08; 8:45 am] BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Public Meeting

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

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the following meeting and request for information:

Opportunity To Provide Input regarding a protocol for the following: (1) An industry wide research study to evaluate occupational exposure to flavorings in the flavorings and food production industries; (2) an industry wide study of engineering controls for protection against exposure to flavorings in the flavorings and food manufacturing industries; and (3) research concerning improved analytical laboratory methods for use in flavorings and food production exposure assessment.

preparation of the Priority List, that list only incorporates data from CERCLA NPL sites. The CEP report, on the other hand, uses data from all ATSDR-activity sites at which a CEP has been detected.

^{3 42} U.S.C. 9604(i)(2)(A).