

## Survey Year 2022

(Meets requirements of the Workplace Survey)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><b>Facility ID</b></td> <td style="border-bottom: 1px solid black;"><b>SIC / NAICS</b></td> <td style="border-bottom: 1px solid black;"><b>Co / Mu</b></td> <td style="border-bottom: 1px solid black;"><b>Due Date</b></td> </tr> <tr> <td>43971900000</td> <td>8211 / 611110</td> <td>0102</td> <td>7/15/2023</td> </tr> </table> <p><b>Facility Mailing Address</b>                  ATLANTIC CITY BD ED - ADMINISTRATION OFFICES                  ATTN ATIBA N. ROSE, SR.                  1300 ATLANTIC AVENUE, 5TH FLOOR                  ATLANTIC CITY NJ 08401</p>	<b>Facility ID</b>	<b>SIC / NAICS</b>	<b>Co / Mu</b>	<b>Due Date</b>	43971900000	8211 / 611110	0102	7/15/2023	<p><b>A. Facility Location</b>                  1300 ATLANTIC AVE                  ATLANTIC CITY NJ</p>
<b>Facility ID</b>	<b>SIC / NAICS</b>	<b>Co / Mu</b>	<b>Due Date</b>						
43971900000	8211 / 611110	0102	7/15/2023						
<p><b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>D.</b> Indicate the nature of the operations conducted at this facility:  <b>Office</b>                  Other Nature of Operations:</p>	<p><b>C.</b> Number of Employees at this facility: <span style="float: right;"><b>58</b></span>                  Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <span style="float: right;"><b>0</b></span></p> <p><b>E.</b> Are you reporting Products with Unknown Ingredients?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>F.</b> Employer Email Address: <b>kaustin@acboe.org</b></p>								

**G. CERTIFICATION OF RESPONSIBLE OFFICIAL**  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Certifier Name	<b>Kurt Austin</b>	Date Certified	<b>05/23/2023</b>	Signature	<input checked="" type="checkbox"/>
Certifier Title	<b>Director of Facilities</b>	Telephone Number	<b>609-343-7200</b>	Ext.	<b>5067</b>

**H. POLICE AND FIRE DEPARTMENTS**  
 Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.

<p><b>POLICE DEPARTMENT:</b>                  Telephone Number: <b>609-347-5779</b>                  Department Name: <b>ATLANTIC CITY POLICE DEPARTMENT</b>                  Address: <b>2711 ATLANTIC AVE</b>                  City, State, Zip: <b>ATLANTIC CITY NJ 08401</b></p>	<p><b>FIRE DEPARTMENT:</b>                  Telephone Number: <b>609-347-5590</b>                  Department Name: <b>ATLANTIC CITY FIRE DEPARTMENT</b>                  Address: <b>2715 ATLANTIC AVENUE</b>                  City, State, Zip: <b>ATLANTIC CITY NJ 08401</b></p>
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**I. UNION REPRESENTATIVE**  
 Are employees at this facility represented by a union?  Yes     No **(If 'Yes', all information in this section must be entered.)**

Union Rep. Name: <b>Tim Mancuso</b>	Union Address: <b>1125 ATLANTIC AVE, SUITE 512</b>
Union Name (Abbrev): <b>ACEA</b>	City, State, Zip: <b>ATLANTIC CITY NJ 08401</b>
Local Number: <b>N/A</b>	
Telephone Number: <b>609-343-0029</b>	

This Survey Has Reported **1** Additional Union(s).

**J. FACILITY EMERGENCY CONTACT**  
 Contact Name: **KURT AUSTIN**    Telephone Number: **609-343-7200**

**K. PART OF FACILITY COVERED (Check box if applicable)**  
 This survey only covers part of the facility. The rest of the facility is occupied by (specify name of employer):  
**OFFICE BUILDING, MULTIPLE TENNANTS**

**NOTE:** Your County Lead Agency, local health, fire, and police departments and your local emergency planning committee have access to this Right to Know survey online. You no longer need to send them a hard copy. You must keep a copy of this survey in your facility RTK Central File and make it available to your employees.

**Survey Year 2022  
Union Information**

(To Be Completed Only When There is More Than One Union At A Facility)

**ATLANTIC CITY BD ED - ADMINISTRATION OFFICES (Facility ID 43971900000)**

<b>Representative Name</b>	<b>Union Name</b>	<b>Local Number</b>	<b>Representative Address</b>	<b>Telephone Number</b>
EBENEZER EDZII	ACHCA	N/A	1400 ALBANY AVE ATLANTIC CITY NJ 08401	609-343-7300