



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY

Survey Year 2018

(Meets requirements of the Workplace Survey)

<table border="1"> <thead> <tr> <th>Facility ID</th> <th>SIC / NAICS</th> <th>Co / Mu</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>43971900009</td> <td>8211 / 611110</td> <td>0102</td> <td>7/15/2019</td> </tr> </tbody> </table>		Facility ID	SIC / NAICS	Co / Mu	Due Date	43971900009	8211 / 611110	0102	7/15/2019	A. Facility Location 35 N NEW JERSEY AVE ATLANTIC CITY NJ	
Facility ID	SIC / NAICS	Co / Mu	Due Date								
43971900009	8211 / 611110	0102	7/15/2019								
Facility Mailing Address ATLANTIC CITY BD ED - NEW JERSEY AVE SCHOOL ATTN: ATIBA N. ROSE, SR. 1300 ATLANTIC AVENUE, 5TH FLOOR ATLANTIC CITY NJ 08401											
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		C. Number of Employees at this facility: 0 Number of employees exposed or potentially exposed to hazardous chemicals at this facility: 0									
D. Indicate the nature of the operations conducted at this facility: Vacant Building Other Nature of Operations:		E. Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
F. Employer Email Address: kaustin@acboe.org											
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: Kurt Austin Certifier Title: DIRECTOR OF FACILITIES		Date Certified: 06/30/2019 Signature: <input checked="" type="checkbox"/> Telephone Number: 609-343-7200 Ext. 5067									
H. POLICE AND FIRE DEPARTMENTS Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments											
POLICE DEPARTMENT: Telephone Number: 609-343-6781 Department Name: ATLANTIC CITY PD Address: 2715 VENTNOR AVE City, State, Zip: ATLANTIC CITY NJ 08401		FIRE DEPARTMENT: Telephone Number: 609-343-6781 Department Name: ATLANTIC CITY FD Address: 1301 BACHARACH BLVD City, State, Zip: ATLANTIC CITY NJ 08401									
I. UNION REPRESENTATIVE Are employees at this facility represented by a union? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", all information in this section must be entered.)											
Union Rep. Name: Union Name (Abbrev.): Local Number: Telephone Number: This Survey Has Reported ___ Additional Union(s)		Union Address: City, State, Zip:									
J. FACILITY EMERGENCY CONTACT Contact Name: KURT AUSTIN Telephone Number: 609-343-7200											
K. PART OF FACILITY COVERED (Check box if applicable) <input type="checkbox"/> This survey only covers part of the facility. The rest of the facility is occupied by (specify name of employer):											
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.											