

Survey Year 2020

(Meets requirements of the Workplace Survey)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Facility ID</td> <td style="border-bottom: 1px solid black;">SIC / NAICS</td> <td style="border-bottom: 1px solid black;">Co / Mu</td> <td style="border-bottom: 1px solid black;">Due Date</td> </tr> <tr> <td>43971900000</td> <td>8211 / 611110</td> <td>0102</td> <td>7/15/2021</td> </tr> </table> <p>Facility Mailing Address ATLANTIC CITY BD ED - ADMINISTRATION OFFICES ATTN ATIBA N. ROSE, SR. 1300 ATLANTIC AVENUE, 5TH FLOOR ATLANTIC CITY NJ 08401</p>	Facility ID	SIC / NAICS	Co / Mu	Due Date	43971900000	8211 / 611110	0102	7/15/2021	<p>A. Facility Location 1300 ATLANTIC AVE ATLANTIC CITY NJ</p>
Facility ID	SIC / NAICS	Co / Mu	Due Date						
43971900000	8211 / 611110	0102	7/15/2021						
<p>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>D. Indicate the nature of the operations conducted at this facility: Office Other Nature of Operations:</p>	<p>C. Number of Employees at this facility: 58 Number of employees exposed or potentially exposed to hazardous chemicals at this facility: 0</p> <p>E. Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F. Employer Email Address: kaustin@acboe.org</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	Kurt Austin	Date Certified	06/16/2021	Signature	<input checked="" type="checkbox"/>
Certifier Title	DIRECTOR OF FACILITIES	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.

<p>POLICE DEPARTMENT: Telephone Number: 609-347-5779 Department Name: ATLANTIC CITY POLICE DEPARTMENT Address: 2711 ATLANTIC AVE City, State, Zip: ATLANTIC CITY NJ 08401</p>	<p>FIRE DEPARTMENT: Telephone Number: 609-347-5590 Department Name: ATLANTIC CITY FIRE DEPARTMENT Address: 2715 ATLANTIC AVENUE City, State, Zip: ATLANTIC CITY NJ 08401</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: CASSANDRA MONTAQUE	Union Address: 1125 ATLANTIC AVE, SUITE 512
Union Name (Abbrev): ACEA	City, State, Zip: ATLANTIC CITY NJ 08401
Local Number: N/A	
Telephone Number: 609-343-0029	

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 2020
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)

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