

			44		-	r 2022				
E110-15				Meets requirements of th		workplace Survey)				
43971900008		8211 / 611110	0102	7/15/202	I A.	. Facility Location				
			0102	1/13/20	23	117 N INDIANA AV				
Fac	ATTN ATIBA N.	BD ED - INDIANA ROSE, SR. AVENUE, 5TH FL				ATLANTIC CITY N	J			
В.	Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List?  Yes No				; C.	C. Number of Employees at this facility: 0				
						Number of employees exposed or potentially exposed to hazardous chemicals at this facility:			ed to 0	
D.	Indicate the nature of the operations conducted at this facility:  Vacant Building				E.	E. Are you reporting Products with Unknown Ingredients?  Yes No				
	Other Nature of Operations:				F.	Employer Email Address: kaustin@acboe.org				
G.	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments an based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurated and complete.									
	Certifier Name Certifier Title	Kurt Austin Director of F	acilities			Date Certified Telephone Number	05/23/2023 r 609-343-7200	Ext. <b>5067</b>	Signature <a></a>	
н.	POLICE AND FIRE DEPARTMENTS									
	Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.									
	POLICE DEPARTMENT:					FIRE DEPARTMENT:				
	Telephone Number: 609-343-5781					Telephone Number: 609-343-5781				
	Department Nar Address: City, State, Zip:	ne: ATLANTIC C 2717 ATLAN ATLANTIC C				Department Name: Address: City, State, Zip:	ATLANTIC CITY  1301 BACHARAG  ATLANTIC CITY	CH BLVD		
ı.	UNION REPRES	SENTATIVE								
	Are employees	Are employees at this facility represented by a union?    Yes   Jnion Rep. Name: Tim Mancuso				(If 'Yes', all information in this section must be entered.) Union Address: 1125 ATLANTIC AVE, SUITE 512				
	Union Name (Abbrev): ACEA Local Number: n/a Telephone Number: 609-343-0029				n/a	City, State, Zip:	ATLANTIC CITY	NJ 08041		
	This Survey Has Reported <b>0</b> Additional Union(s).									
J.	FACILITY EMERGENCY CONTACT Contact Name: KURT AUSTIN					Telephone Number: <b>609-343-7200</b>				
K.			theck box if applicate f the facility. The re	-	lity is occup	oied by (specify name	of employer):			
	Right to Know	survey online. Yo	ou no longer need to	send them a	a hard copy	s and your local emer		nmittee have a	access to this	

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