

Survey Year 2020

(Meets requirements of the Workplace Survey)

| Facility ID | SIC / NAICS | Co / Mu | Due Date | A. Facility Location |
|---|---------------|---------|-----------|--|
| 43971900009 | 8211 / 611110 | 0102 | 7/15/2021 | 35 N NEW JERSEY AVE ATLANTIC CITY NJ |
| 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 06/16/2021 Telephone Number 609-343-7200 Ext. 5067 | Signature <input checked="" type="checkbox"/> |
|--|---|---|

H. POLICE AND FIRE DEPARTMENTS

Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.

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|---|--|
| POLICE DEPARTMENT: Telephone Number: 609-343-5781 Department Name: ATLANTIC CITY PD Address: 2715 VENTNOR AVE City, State, Zip: ATLANTIC CITY NJ 08401 | FIRE DEPARTMENT: Telephone Number: 609-343-5781 Department Name: ATLANTIC CITY FD Address: 1301 BACHARACH BLVD City, State, Zip: ATLANTIC CITY NJ 08401 |
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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: _____ Union Address: _____

Union Name (Abbrev): _____ Local Number: _____ City, State, Zip: _____

Telephone Number: _____

This Survey Has Reported ___ 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): _____

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.