



RIGHT TO KNOW SURVEY

Survey Year 2019

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mu	Due Date	A. Facility Location 5627 LAKE RD FRANKLINVILLE NJ													
43938100005	8211 / 611110	0805	7/15/2020														
Facility Mailing Address FRANKLIN TWP BD OF ED - LAKE SCHOOL ATTN THOMAS RAMBONE ADMINISTRATION BUILDING, 3228 COLES MILL ROAD FRANKLINVILLE NJ 08322																	
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: trambone@franklintwpschools.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. <table style="width:100%; border:none;"> <tr> <td style="width:15%;">Certifier Name</td> <td style="width:40%;">THOMAS RAMBONE</td> <td style="width:15%;">Date Certified</td> <td style="width:15%;">01/25/2020</td> <td style="width:15%;">Signature</td> <td style="text-align:right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Certifier Title</td> <td>DIRECTOR OF FACILITIES</td> <td>Telephone Number</td> <td>856-629-9500</td> <td>Ext.</td> <td></td> </tr> </table>						Certifier Name	THOMAS RAMBONE	Date Certified	01/25/2020	Signature	<input checked="" type="checkbox"/>	Certifier Title	DIRECTOR OF FACILITIES	Telephone Number	856-629-9500	Ext.	
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Certifier Title	DIRECTOR OF FACILITIES	Telephone Number	856-629-9500	Ext.													
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: 856-694-1414 Department Name: FRANKLIN TWP PD Address: 1571 DELSEA DR City, State, Zip: FRANKLINVILLE NJ 08322 FIRE DEPARTMENT: Telephone Number: 856-697-3544 Department Name: FOREST GROVE VFD Address: 1635 FOREST GROVE RD City, State, Zip: VINELAND NJ 08360																	
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 Address: _____ Union Name (Abbrev): _____ Local Number: _____ City, State, Zip: _____ Telephone Number: _____ This Survey Has Reported ___ Additional Union(s).																	
J. FACILITY EMERGENCY CONTACT Contact Name: Mr. Tom Rambone Telephone Number: 856-629-9500																	
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.