



RIGHT TO KNOW SURVEY

Survey Year 2016

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mu	Due Date	A. Facility Location	
43982300018	8211 / 611110	1429	7/15/2017	DRUMLIN DR PARSIPPANY NJ	
Facility Mailing Address					
PARSIPPANY-TROY HILLS BD ED - DRUMLIN DRIVE ATTN LYANNA RIOS PO BOX 52 PARSIPPANY NJ 07054					
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: Storage Facility Other Nature of Operations: STORAGE SHED				E. Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				F. Employer Email Address: Irios@pthsd.k12.nj.us	

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: **TOM GAVEGLIO** Date Certified: **06/23/2017** Signature:

Certifier Title: **SUPERVISOR, BUILDING AND GROUNDS** Telephone Number: **973-428-7512** 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:	FIRE DEPARTMENT:
Telephone Number: 201-263-4300	Telephone Number: 201-263-4300
Department Name: PARSIP-TROY HILLS PD	Department Name: PARSIP-TROY HILLS FD
Address: 3339 ROUTE 4	Address: 3339 ROUTE 46
City, State, Zip: PARSIPPANY NJ 07054	City, State, Zip: PARISPPANY NJ 07054

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: **TOM GAVEGLIO** Telephone Number: **973-583-6604**

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.