STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

RIGHT TO KNOW SURVEY

Survey Year 2019

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mu	Due Date
43935100000	8211 / 611110	0428	7/15/2020

Facility Mailing Address

PINE HILL BD OF ED - ADMIN OFFICE
ATTN DEBORAH PICCIRILLO
1003 TURNERSVILLE ROAD
PINE HILL NJ 08021-6339

A. Facility Location

1003 TURNERSVILLE RD
PINE HILL NJ

B. Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List?

☐ **Yes** ☑ **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:

Office

Other Nature of Operations:

E. Are you reporting Products with Unknown Ingredients?

☐ **Yes** ☑ **No**

F. Employer Email Address: **gsawyer@pinehillschools.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 **Gregory Sawyer** Date Certified **07/05/2020** Signature ☑
Certifier Title **Director of Facilities** Telephone Number **856-784-8887** 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: **856-783-1549**
Department Name: **PINE HILL PD**
Address: **48 WEST 6TH AVE**
City, State, Zip: **PINE HILL NJ 08021**

FIRE DEPARTMENT:

Telephone Number: **856-783-8666**
Department Name: **PINE HILL FD**
Address: **1109 ERIAL RD**
City, State, Zip: **PINE HILL NJ 08021**

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: **Jessica Denny**
Union Name *(Abbrev)*: **PHEA** Local Number: **n/a**
Telephone Number: **856-784-8887**

Union Address: **1005 Turnerville Rd**
City, State, Zip: **Pine Hill NJ 08021**

This Survey Has Reported **0** Additional Union(s).

J. FACILITY EMERGENCY CONTACT

Contact Name: **Gregory Sawyer** Telephone Number: **856-784-8887**

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.