

## Survey Year 2020

(Meets requirements of the Workplace Survey)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><b>Facility ID</b></td> <td style="border-bottom: 1px solid black;"><b>SIC / NAICS</b></td> <td style="border-bottom: 1px solid black;"><b>Co / Mu</b></td> <td style="border-bottom: 1px solid black;"><b>Due Date</b></td> </tr> <tr> <td>43928600002</td> <td>8211 / 611110</td> <td>0117</td> <td>7/15/2021</td> </tr> </table> <p><b>Facility Mailing Address</b>  MULLICA TWP BD ED - HILDA S FRAME SCHOOL  ATTN ADMINISTRATOR  500 ELWOOD RD  ELWOOD NJ 08217-0318</p>	<b>Facility ID</b>	<b>SIC / NAICS</b>	<b>Co / Mu</b>	<b>Due Date</b>	43928600002	8211 / 611110	0117	7/15/2021	<p><b>A. Facility Location</b>  3410 NESCO RD  NESCO NJ</p>
<b>Facility ID</b>	<b>SIC / NAICS</b>	<b>Co / Mu</b>	<b>Due Date</b>						
43928600002	8211 / 611110	0117	7/15/2021						
<p><b>B.</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</p> <p><b>D.</b> Indicate the nature of the operations conducted at this facility:  <b>Vacant Building</b>  Other Nature of Operations:</p>	<p><b>C.</b> Number of Employees at this facility: <span style="float: right;"><b>0</b></span>  Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <span style="float: right;"><b>0</b></span></p> <p><b>E.</b> Are you reporting Products with Unknown Ingredients?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>F.</b> Employer Email Address: <b>rGiovinazzi@Mullicschools.com</b></p>								

**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 <b>Richard Giovinazzi</b> Certifier Title <b>Facilities Manager</b>	Date Certified <b>05/12/2021</b> Telephone Number <b>609-561-3868</b> Ext.	Signature <input checked="" type="checkbox"/>
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**H. POLICE AND FIRE DEPARTMENTS**  
Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.

<b>POLICE DEPARTMENT:</b> Telephone Number: <b>609-561-7600</b> Department Name: <b>MULLICA PD</b> Address: <b>PO 317</b> City, State, Zip: <b>ELWOOD NJ 08217</b>	<b>FIRE DEPARTMENT:</b> Telephone Number: <b>609-561-6791</b> Department Name: <b>NESCO VFD</b> Address: <b>3521 NESCO RD</b> City, State, Zip: <b>HAMMONTON NJ 08037</b>
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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:    **Richard Giovinazzi**    Telephone Number: **609-561-3868**

**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.