STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year 2018

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mu	Due Date
43982300018	8211 / 611110	1429	7/15/2019

Facility Mailing Address

PARSIPPANY-TROY HILLS BD ED - DRUMLIN DRIVE
ATTN LYANNA RIOS
PO BOX 52
PARSIPPANY NJ 07054

A. Facility Location

DRUMLIN DR
PARSIPPANY 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:

Storage Facility

Other Nature of Operations: **STORAGE SHED**

E. Are you reporting Products with Unknown Ingredients?

☐ **Yes** ☑ **No**

F. Employer Email Address: **damcdougal@pthsd.net**

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 **Daniel McDougal** Date Certified **07/13/2019** Signature ☑

Certifier Title **Facilities Manager** 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:

Telephone Number: **201-263-4300**
Department Name: **PARSIP-TROY HILLS PD**
Address: **3339 ROUTE 4**
City, State, Zip: **PARSIPPANY NJ 07054**

FIRE DEPARTMENT:

Telephone Number: **201-263-4300**
Department Name: **PARSIP-TROY HILLS FD**
Address: **3339 ROUTE 46**
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: **Joseph Kyle**
Union Name *(Abbrev)*: **PTHEA** Local Number: **N/A**
Telephone Number: **973-263-7200**
Union Address: **309 Baldwin Road**
City, State, Zip: **Parsippany NJ 07054**

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

J. FACILITY EMERGENCY CONTACT

Contact Name: **Daniel McDougal** Telephone Number: **973-428-7512**

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.