

			4.4		-	r 2023				
E116-15				(Meets requirements of the		workplace Survey)				
43971900008		8211 / 611110	0102	7/15/202	— I A	. Facility Location				
			0102	1/13/20/	24	117 N INDIANA AV				
Fac	ATTN ATIBA N.	BD ED - INDIANA ROSE, SR. AVENUE, 5TH FL				ATLANTIC CITY N	J			
В.	Are there any substances or materials present at this facility that are				. C.	Number of Employe	ployees at this facility: 0			
	on the Right to Know Hazardous Substance List? Yes No					Number of employees exposed or potentially exposed to hazardous chemicals at this facility:				
D.	Indicate the nature of the operations conducted at this facility:				E.	Are you reporting P	roducts with Unkno	wn Ingredient	s?	
	Vacant Building					Yes Vo				
	Other Nature of Operations:				F.	Employer Email Ad	dress: kaustin@ac	boe.org		
G.	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 a based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurand complete.									
	Certifier Name Kurt Austin				Date Certified	06/19/2024 Signate		Signature 🗹		
	Certifier Title DIRECTOR OF FACILITIES					Telephone Number 609-343-7200 Ext. 5067				
Н.	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: 609-343-5781					Telephone Number: 609-343-5781				
	Department Name: ATLANTIC CITY PD					Department Name: ATLANTIC CITY FD				
	Address: City, State, Zip:	Address: 2717 ATLANTIC AVE City, State, Zip: ATLANTIC CITY NJ 08041				Address: 1301 BACHARACH BLVD City, State, Zip: ATLANTIC CITY NJ 08041				
ı.	UNION REPRE	SENTATIVE								
					No	No (If 'Yes', all information in this section must be entered.)				
	Union Rep. Nan	Union Rep. Name: Tim Mancuso				Union Address:	1125 ATLANTIC	AVE, SUITE	512	
	Union Name (Abbrev): ACEA Local Number: n/a Telephone Number: 609-343-0029				n/a	City, State, Zip:	ATLANTIC CITY	NJ 08041		
	This Survey Has Reported 0 Additional Union(s).									
J.	FACILITY EMER	RGENCY CONTAC	т							
-	Contact Name:					Telephone Number: 609-343-7200				
K.		-	theck box if application f the facility. The re	-	lity is occup	ied by (specify name	of employer):			
	Right to Knov	v survey online. Yo	ou no longer need to	send them a	a hard copy	s and your local emer ake it available to you		nmittee have a	access to this	

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