



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH  
RIGHT TO KNOW SURVEY



Survey Year 2017  
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43935100001	8211 / 611110	0428	7/15/2018	70 E THIRD AVE PINE HILL NJ
Facility Mailing Address:				
PINE HILL BD OF ED - DR ALBERT M BEAN ES ATTN DEBORAH PICCIRILLO 1003 TURNERVILLE ROAD PINE HILL NJ 08021-6204				
B. Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? *			C. Number of Employees at this facility * 69	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Number of employees exposed or potentially exposed to hazardous chemicals at this facility * 9	
D. Indicate the nature of the operations conducted at this facility *			E. Are you reporting Products with Unknown Ingredients? *	
Elementary School			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Nature of Operations:			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	03/09/2018	Signature *	<input checked="" type="checkbox"/>
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. (Do NOT list 911 as the phone number)

POLICE DEPARTMENT:

Telephone Number \* 856-783-1549  
Department Name \* PINE HILL PD  
Address \* 48 WEST 6TH AVE  
City \* PINE HILL  
State \*, Zip \* NJ 08021

FIRE DEPARTMENT:

Telephone Number \* 856-783-8666  
Department Name \* PINE HILL FD  
Address \* 1109 ERIAL RD  
City \* PINE HILL  
State \*, Zip \* 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	John Staab	Union Address	1005 Turnerville Rd
Union Name (Abbrev)	PHEA	City	Pine Hill
Telephone Number	856-784-8887	State, Zip	NJ 08021
Local Number	n/a		
Ext.			

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):

\* Denotes required information

Last Changed By: GREG SAWYER Last Changed On: 07/13/2018

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.

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