NJ Health
Improving Health Through Leadership and Innovation

Survey Year 2021

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mu	Due Date
43938100005	8211 / 611110	0805	7/15/2022

Facility Mailing Address

FRANKLIN TWP BD OF ED - LAKE SCHOOL
ATTN THOMAS RAMBONE
ADMINISTRATION BUILDING, 3228 COLES MILL ROAD
FRANKLINVILLE NJ 08322

A. Facility Location

5627 LAKE RD
FRANKLINVILLE 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:

Vacant Building

Other Nature of Operations:

E. Are you reporting Products with Unknown Ingredients?

☐ **Yes** ☑ **No**

F. Employer Email Address: **dzeck@franklintwpschools.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 **David Zeck** Date Certified **03/23/2022** Signature ☑

Certifier Title **Director of Facilities** Telephone Number **856-629-9500** 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: **856-694-1414**
Department Name: **FRANKLIN TWP PD**
Address: **1571 DELSEA DR**
City, State, Zip: **FRANKLINVILLE NJ 08322**

FIRE DEPARTMENT:

Telephone Number: **856-697-3544**
Department Name: **FOREST GROVE VFD**
Address: **1635 FOREST GROVE RD**
City, State, Zip: **VINELAND NJ 08360**

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: **Mr. David Zeck** Telephone Number: **856-629-9500**

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.