



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH



**RIGHT TO KNOW SURVEY**

Survey Year 2013 (Meets requirements of the Workplace Survey)				
Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100001	9131 / 921140	1601	2/15/2015	188 UNION AVE, BLOOMINGDALE
<b>Facility Mailing Address:</b> BLOOMINGDALE BORO - DEPT OF PUBLIC WORKS ATTN ADMINISTRATOR 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
<b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.</b> Number of Employees at this facility: <b>17</b> Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <b>17</b>		
<b>D.</b> Indicate the nature of the operations conducted at this facility: <b>Public Works</b> Other Nature of Operations:		<b>E.</b> Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F.</b> Employer Email Address: <b>agallagher@bloomingdalenj.net</b>				
<b>G. CERTIFICATION OF RESPONSIBLE OFFICIAL</b> 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>ALBERT GALLAGHER</b> Certifier Title <b>DPW SUPERINTENDENT</b>		Date Certified <b>11/25/2014</b> Telephone Number <b>973-838-6055</b>		Signature <input checked="" type="checkbox"/> Ext.
<b>H. POLICE AND FIRE DEPARTMENTS</b> 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>973-838-0158</b> Department Name: <b>BLOOMINGDALE PD</b> Address: <b>101 HAMBURG TPKE</b> City: <b>BLOOMINGDALE</b> State, Zip: <b>NJ 07403</b>		<b>FIRE DEPARTMENT:</b> Telephone Number: <b>973-838-0158</b> Department Name: <b>BLOOMINGDALE FD</b> Address: <b>101 HAMBURG TPKE</b> City: <b>BLOOMINGDALE</b> State, Zip: <b>NJ 07403</b>		
<b>I. UNION REPRESENTATIVE</b> Are employees at this facility represented by a union? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', all information in this section must be entered.)				
Union Rep. Name: <b>DAVE PTASZNIK</b> Union Name (Abbrev): <b>CWA</b> Local Number: <b>1032</b> Telephone Number: <b>973-838-6055</b> Ext.		Union Address: <b>67 SCOTCH ROAD</b> City: <b>EWING</b> State, Zip: <b>NJ 08628</b>		
This Survey Has Reported <u>0</u> Additional Union(s).				
<b>J. FACILITY EMERGENCY CONTACT</b> Contact Name: <b>ALBERT A GALLAGHER</b> Telephone Number: <b>973-296-4860</b>				
<b>K. PART OF FACILITY COVERED (Check box if applicable)</b> <input type="checkbox"/> This survey only covers part of the facility. The rest of the facility is occupied by (specify name of employer):				
NOTE: You are required to send a copy of this survey to your County Lead Agency, local health department, local fire and police departments, and Local Emergency Planning Committee. You must keep a copy of the survey in your Right to Know Central File and make it available to your employees.				



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Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100000	9131 / 921140	1601	2/15/2015	101 HAMBURG TPKE, BLOOMINGDALE
<b>Facility Mailing Address:</b>				
BLOOMINGDALE BORO - MUNICIPAL COMPLEX ATTN ADMINISTRATOR 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
<b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.</b> Number of Employees at this facility: <b>29</b> Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <b>29</b>		
<b>D.</b> Indicate the nature of the operations conducted at this facility: <b>Office</b> Other Nature of Operations: <b>BORO HALL &amp; POLICE, CONSTRUCTION OFFICE, SENIOR CTR</b>		<b>E.</b> Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>F.</b> Employer Email Address: <b>agallagher@bloomingdalenj.net</b>		
<b>G. CERTIFICATION OF RESPONSIBLE OFFICIAL</b>				
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>ALBERT GALLAGHER</b> Certifier Title <b>DPW SUPERINTENDENT</b>		Date Certified <b>11/25/2014</b> Telephone Number <b>973-838-6055</b>		Signature <input checked="" type="checkbox"/> Ext.
<b>H. POLICE AND FIRE DEPARTMENTS</b>				
Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.				
<b>POLICE DEPARTMENT:</b>		<b>FIRE DEPARTMENT:</b>		
Telephone Number: <b>973-838-0158</b>	Department Name: <b>BLOOMINGDALE PD</b>	Address: <b>101 HAMBURG TPKE</b>	City: <b>BLOOMINGDALE</b>	State, Zip: <b>NJ 07403</b>
Telephone Number: <b>973-838-0158</b>	Department Name: <b>BLOOMINGDALE FD</b>	Address: <b>101 HAMBURG TPKE</b>	City: <b>BLOOMINGDALE</b>	State, Zip: <b>NJ 07403</b>
<b>I. UNION REPRESENTATIVE</b>				
Are employees at this facility represented by a union? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', all information in this section must be entered.)				
Union Rep. Name: <b>DAVE PTASZNIK</b> Union Name (Abbrev): <b>CWA</b> Local Number: <b>1032</b>		Union Address: <b>67 SCOTCH ROAD</b> City: <b>EWING</b> State, Zip: <b>NJ 08628</b>		
Telephone Number: <b>973-838-6055</b> Ext.		This Survey Has Reported <u>0</u> Additional Union(s).		
<b>J. FACILITY EMERGENCY CONTACT</b>				
Contact Name: <b>ALBERT A GALLAGHER</b>		Telephone Number: <b>973-296-4860</b>		
<b>K. PART OF FACILITY COVERED (Check box if applicable)</b>				
<input type="checkbox"/> This survey only covers part of the facility. The rest of the facility is occupied by (specify name of employer):				
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Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100009	9131 / 921140	1601	2/15/2015	23 BRANDT LN, BLOOMINGDALE
<b>Facility Mailing Address:</b>				
BLOOMINGDALE BORO - ANIMAL SHELTER ATTN ADMINISTRATOR 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
<b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.</b> Number of Employees at this facility: <b>5</b> Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <b>5</b>		
<b>D.</b> Indicate the nature of the operations conducted at this facility: <b>Animal Shelter/Pound</b> Other Nature of Operations:		<b>E.</b> Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F.</b> Employer Email Address: <b>agallagher@bloomingtonj.net</b>				
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<b>H. POLICE AND FIRE DEPARTMENTS</b>				
Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.				
<b>POLICE DEPARTMENT:</b>		<b>FIRE DEPARTMENT:</b>		
Telephone Number: <b>973-838-0158</b>	Department Name: <b>BLOOMINGDALE PD</b>	Address: <b>101 HAMBURG PKE</b>	City: <b>BLOOMINGDALE</b>	State, Zip: <b>NJ 07403</b>
Telephone Number: <b>973-838-0158</b>	Department Name: <b>BLOOMINGDALE FD</b>	Address: <b>101 HAMBURG PKE</b>	City: <b>BLOOMINGDALE</b>	State, Zip: <b>NJ 07403</b>
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Union Rep. Name: <b>DAVE PTASZNIK</b>	Union Name (Abbrev): <b>CWA</b>	Local Number: <b>1032</b>	Union Address: <b>67 SCOTCH ROAD</b>	City: <b>EWING</b>
Telephone Number: <b>973-838-6055</b>	Ext.:	State, Zip: <b>NJ 08628</b>		
This Survey Has Reported <u>0</u> Additional Union(s).				
<b>J. FACILITY EMERGENCY CONTACT</b>				
Contact Name: <b>ALBERT A GALLAGHER</b>	Telephone Number: <b>973-296-4860</b>			
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Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100010	9131 / 921140	1601	2/15/2015	30 BALLSTON AVE, BLOOMINGDALE
<b>Facility Mailing Address:</b> BLOOMINGDALE BORO - WATER DEPARTMENT ATTN ADMINISTRATOR MUNICIPAL COMPLEX, 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
<b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.</b> Number of Employees at this facility: <b>3</b> Number of employees exposed or potentially exposed to hazardous chemicals at this facility: <b>3</b>		
<b>D.</b> Indicate the nature of the operations conducted at this facility: <b>Water Treatment</b> Other Nature of Operations: <b>WATER DEPT</b>		<b>E.</b> Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F.</b> Employer Email Address: <b>agallagher@bloomingtonj.net</b>				
<b>G. CERTIFICATION OF RESPONSIBLE OFFICIAL</b> 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.				
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<b>POLICE DEPARTMENT:</b> Telephone Number: <b>973-838-0158</b> Department Name: <b>BLOOMINGDALE PD</b> Address: <b>101 HAMBURG TRPKE</b> City: <b>BLOOMINGDALE</b> State, Zip: <b>NJ 07403</b>		<b>FIRE DEPARTMENT:</b> Telephone Number: <b>973-838-0158</b> Department Name: <b>BLOOMINGDALE FD</b> Address: <b>190 UNION AVE</b> City: <b>BLOOMINGDALE</b> State, Zip: <b>NJ 07403</b>		
<b>I. UNION REPRESENTATIVE</b> Are employees at this facility represented by a union? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', all information in this section must be entered.)				
Union Rep. Name: <b>DAVE PTASZNIK</b> Union Name (Abbrev): <b>CWA</b> Local Number: <b>1032</b> Telephone Number: <b>973-838-6055</b> Ext.		Union Address: <b>67 SCOTCH ROAD</b> City: <b>EWING</b> State, Zip: <b>NJ 08628</b>		
This Survey Has Reported <u>0</u> Additional Union(s).				
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