



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY

Survey Year 2014

(Meets requirements of the Workplace Survey)

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100000	9131 / 921140	1601	7/15/2015	101 HAMBURG TPKE, BLOOMINGDALE
Facility Mailing Address:				
BLOOMINGDALE BORO - MUNICIPAL COMPLEX ATTN ADMINISTRATOR 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
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		C. Number of Employees at this facility: 29 Number of employees exposed or potentially exposed to hazardous chemicals at this facility: 29		
D. Indicate the nature of the operations conducted at this facility: Other Other Nature of Operations: BORO HALL & POLICE, CONSTRUCTION OFFICE, SENIOR CTR		E. Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		F. Employer Email Address: agallagher@bloomingtonj.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 ALBERT GALLAGHER Certifier Title DPW SUPERINTENDENT		Date Certified 04/17/2015 Telephone Number 973-838-6055		Signature <input checked="" type="checkbox"/> 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:		FIRE DEPARTMENT:		
Telephone Number: 973-838-0158	Department Name: BLOOMINGDALE PD	Address: 101 HAMBURG TPKE	City: BLOOMINGDALE	State, Zip: NJ 07403
Telephone Number: 973-838-0158	Department Name: BLOOMINGDALE FD	Address: 101 HAMBURG TPKE	City: BLOOMINGDALE	State, Zip: NJ 07403
I. UNION REPRESENTATIVE				
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: DAVE PTASZNIK	Union Name (Abbrev): CWA	Local Number: 1032	Union Address: 67 SCOTCH ROAD	City: EWING
Telephone Number: 973-838-6055	Ext.:		State, Zip: NJ 08628	
This Survey Has Reported <u>0</u> Additional Union(s).				
J. FACILITY EMERGENCY CONTACT				
Contact Name: ALBERT A GALLAGHER	Telephone Number: 973-296-4860			
K. PART OF FACILITY COVERED (Check box if applicable)				
<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
43904100009	9131 / 921140	1601	7/15/2015	23 BRANDT LN, BLOOMINGDALE

Facility Mailing Address:
BLOOMINGDALE BORO - ANIMAL SHELTER
ATTN ADMINISTRATOR
101 HAMBURG TURNPIKE
BLOOMINGDALE NJ 07403-1726

B. Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List?
 Yes No

D. Indicate the nature of the operations conducted at this facility:
Animal Shelter/Pound
 Other Nature of Operations:

C. Number of Employees at this facility: **5**
 Number of employees exposed or potentially exposed to hazardous chemicals at this facility: **5**

E. Are you reporting Products with Unknown Ingredients?
 Yes No

F. Employer Email Address:
agallagher@bloomingtonj.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 **ALBERT GALLAGHER** Date Certified **04/17/2015** Signature
 Certifier Title **DPW SUPERINTENDENT** Telephone Number **973-838-6055** 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:	FIRE DEPARTMENT:
Telephone Number: 973-838-0158	Telephone Number: 973-838-0158
Department Name: BLOOMINGDALE PD	Department Name: BLOOMINGDALE FD
Address: 101 HAMBURG PKE	Address: 101 HAMBURG PKE
City: BLOOMINGDALE	City: BLOOMINGDALE
State, Zip: NJ 07403	State, Zip: NJ 07403

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: **DAVE PTASZNIK** Union Address: **67 SCOTCH ROAD**
 Union Name (Abbrev): **CWA** Local Number: **1032** City: **EWING**
 Telephone Number: **973-838-6055** Ext. State, Zip: **NJ 08628**
 This Survey Has Reported 0 Additional Union(s).

J. FACILITY EMERGENCY CONTACT

Contact Name: **ALBERT A GALLAGHER** Telephone Number: **973-296-4860**

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):

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Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
43904100010	9131 / 921140	1601	7/15/2015	30 BALLSTON AVE, BLOOMINGDALE
Facility Mailing Address:				
BLOOMINGDALE BORO - WATER DEPARTMENT ATTN ADMINISTRATOR MUNICIPAL COMPLEX, 101 HAMBURG TURNPIKE BLOOMINGDALE NJ 07403-1726				
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		C. Number of Employees at this facility: 3 Number of employees exposed or potentially exposed to hazardous chemicals at this facility: 3		
D. Indicate the nature of the operations conducted at this facility: Water Treatment Other Nature of Operations: WATER DEPT		E. Are you reporting Products with Unknown Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No F. Employer Email Address: agallagher@bloomingsdalenj.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 ALBERT GALLAGHER Certifier Title DPW SUPERINTENDENT		Date Certified 04/17/2015 Signature <input checked="" type="checkbox"/> Telephone Number 973-838-6055 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: 973-838-0158 Department Name: BLOOMINGDALE PD Address: 101 HAMBURG TRPKE City: BLOOMINGDALE State, Zip: NJ 07403		FIRE DEPARTMENT: Telephone Number: 973-838-0158 Department Name: BLOOMINGDALE FD Address: 190 UNION AVE City: BLOOMINGDALE State, Zip: NJ 07403		
I. UNION REPRESENTATIVE 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: DAVE PTASZNIK Union Name (Abbrev): CWA Local Number: 1032 Telephone Number: 973-838-6055 Ext.		Union Address: 67 SCOTCH ROAD City: EWING State, Zip: NJ 08628		
This Survey Has Reported <u>0</u> Additional Union(s).				
J. FACILITY EMERGENCY CONTACT Contact Name: ALBERT A GALLAGHER Telephone Number: 973-296-4860				
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