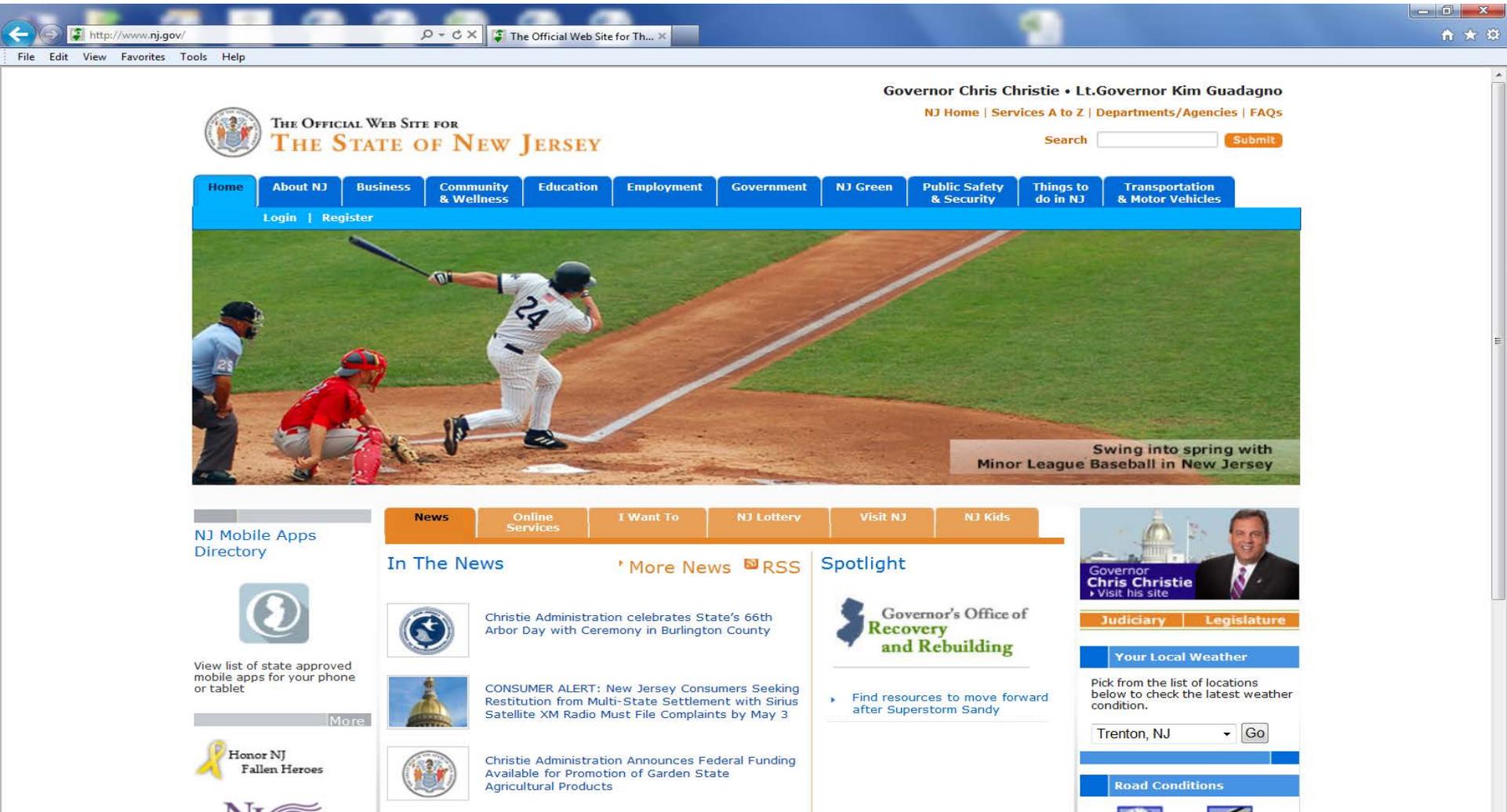


NJ Department of Health 2016 RTK Survey Instructions

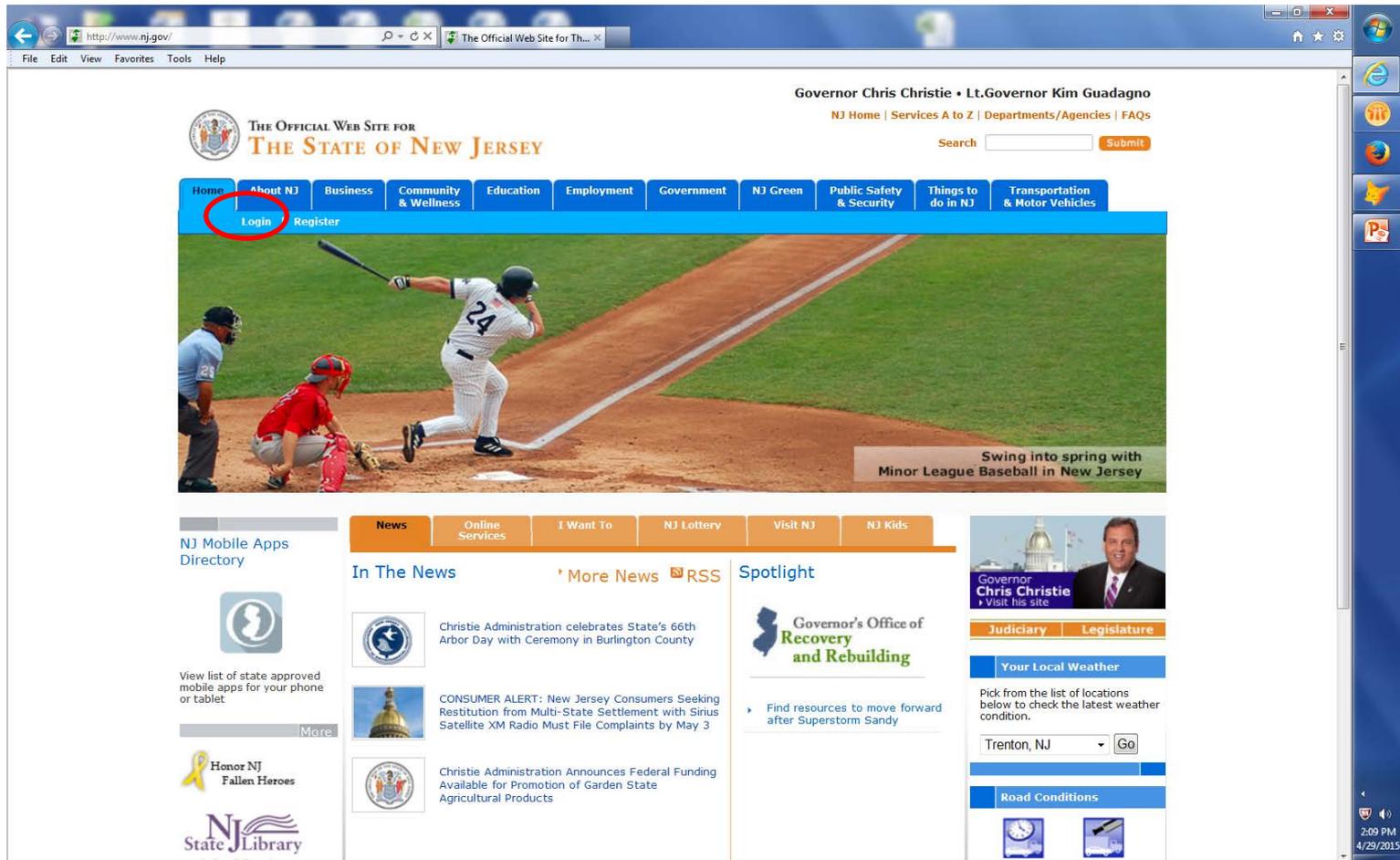
January 2017

- To access the Right to Know Survey(s) (RTK) open Internet Explorer and type in the address www.nj.gov then hit enter. This brings you to the “The Official Website For The State Of New Jersey.”

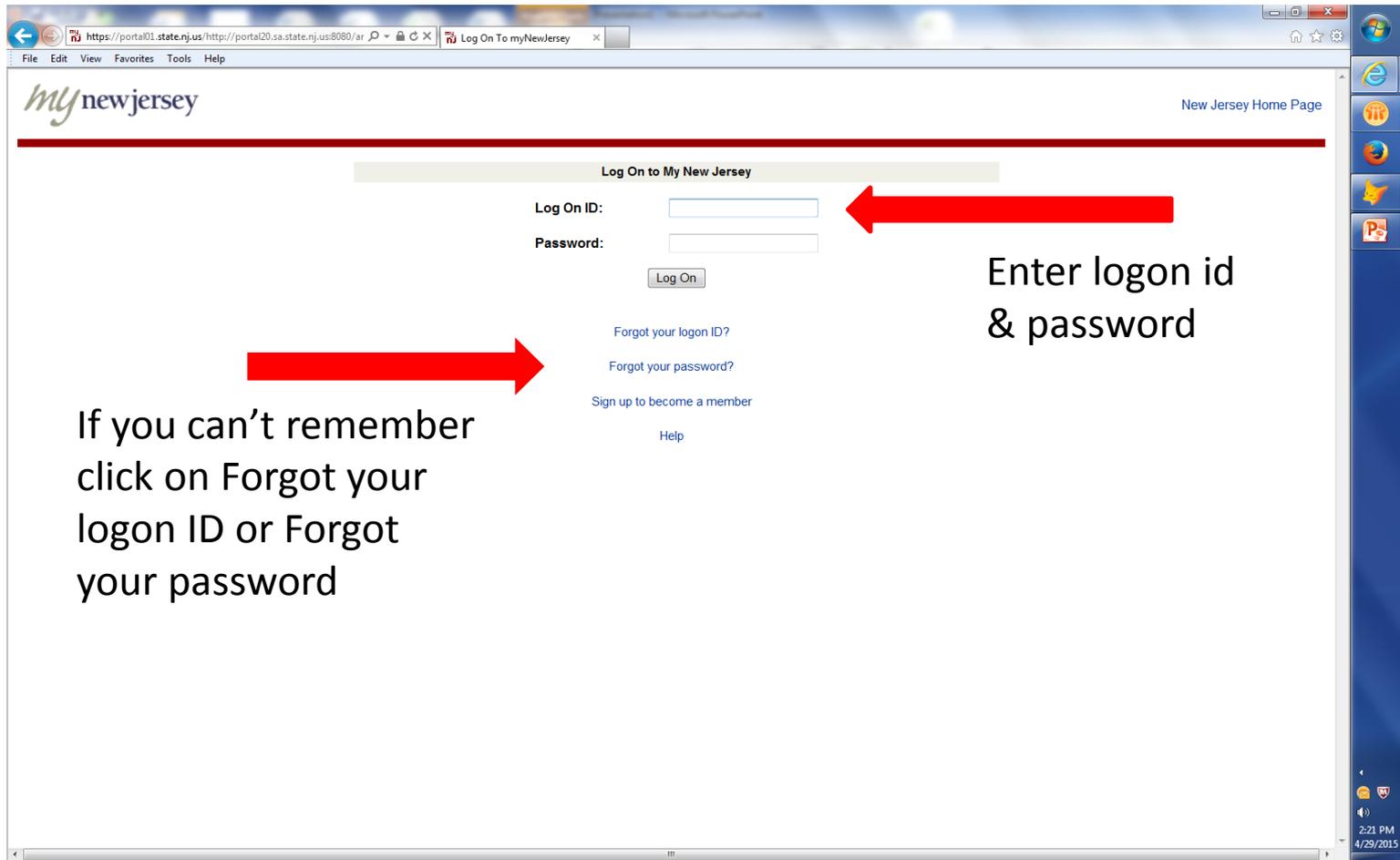


- If you have used the RTK Online Survey System in the past then click on Login and enter your logon id and password.

NOTE: If you have not used the RTK Online Survey System before you will need a myNewJersey portal account and must contact RTK to be added as a user (see “General RTK Survey Instructions”) .



- You must log into the My New Jersey portal account that you accepted the RTK authorization code in. The authorization code was sent to you in an e-mail from rtksurvey when you were added as a user. When you accepted the authorization code it gave you the link to RTK Surveys on your portal page.



- Once you have logged into the My New Jersey portal click on the link DOH Right to Know Survey

The screenshot shows the My New Jersey portal interface. At the top, the header reads "THE OFFICIAL WEB SITE FOR THE STATE OF NEW JERSEY" with navigation links for "Services A to Z", "Departments/Agencies", and "FAQs". Below the header, there are tabs for "myNJ Home", "myNJ Business", and "myNewJersey". A welcome message for "rtk administrator" is displayed, along with links for "logout", "change profile", "enter authorization code", "choose start page", "content", "layout", and "help".

The main content area features several sections:

- DOH Applications:** A section with a blue header and a red circle around the text "Select a link below to access the application:" and the link "DOH Right To Know Survey".
- Role Manager:** A section with a blue header and links for "Search / Update", "Invite a Client", and "Send Mail to Clients".
- Premier E-Business Services:** A section with a blue header and text: "If you own a business or represent one in dealings with New Jersey state government, Sign up for Premier E-Business Services".
- myNJ.earthWatch:** A section with a grey header and a link "View NWS weather for: 08625".

Other visible elements include a "New Jersey Events" section with a "Travel Guide" banner and links for "Locate Events", "Travel & Tourism Home", and "Add an Event". A "New Jersey Lottery" logo is also present. At the bottom, there is a footer with "OPRA | Open Public Records Act" logo, contact information, and copyright notice: "Copyright (c) State of New Jersey, 1996-2008. This site is maintained by the New Jersey Office of Information Technology".

A small notification box at the bottom of the browser window states: "javascript:secureJump('https://www20.state.nj.us/DOH_RTK/index.jsp;0,1,0') content is displayed. What's the risk? Show all content x".

- To get to your RTK Survey(s) under “Facilities” section click on “All Facilities, My Employer”

https://www20.state.nj.us/DOH_RTK/home.do?method=loginV

State of New Jersey RTK Home

File Edit View Favorites Tools Help

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

NJHealth
New Jersey Department of Health

About RTK

About RTK

Facilities

All Facilities, My Employer
Search Facilities

Fact Sheets

English Fact Sheets
Spanish Fact Sheets

User Management

List Users
User Search
Add User

Logout

Logout

Welcome to the New Jersey Department of Health, Right to Know Program electronic survey filing system.
This system is for New Jersey Public Employers who are required to complete a Right to Know Survey.
To begin, click the 'All Facilities, My Employer' item in the menu on the left. (If the item is not visible, click 'Facilities' to reveal it.)

This system is restricted to authorized users. Random audits are routinely performed.
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4:47 PM
4/29/2015

Identify which facility survey you would like to open and click on [Surveys](#)

STATE OF NEW JERSEY DEPARTMENT OF HEALTH RIGHT TO KNOW SURVEY

Employer and Facilities:
EIN: 12345678 Employer Name: Right to Know Test Employer Status: none

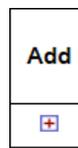
Facilities List - 19 Records

EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2014 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Ongoing	Active	Surveys
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	none	Not Started	Active	Surveys
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Ongoing	Active	Surveys
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	none	Not Started	Active	Surveys
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	none	Not Started	Active	Surveys
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	User	Ongoing	Active	Surveys
12345678	12345678006	RTK TEST FACILITY #6 - HIGH SCHOOL	Cape May	none	Not Started	Active	Surveys
12345678	12345678007	RTK TEST FACILITY #6 - MAINTENANCE SHOP	Burlington	none	Not Started	Active	Surveys
12345678	12345678008	RTK TEST FACILITY # 7	Mercer	User	Submitted	Active	Surveys
12345678	12345678009	RTK - Test Facility #8	Burlington	none	Not Started	Active	Surveys
12345678	12345678010	RTK TEST FACILITY #10	Burlington	none	Not Started	Active	Surveys
12345678	12345678011	RTK TEST SURVEY # 11 - DPW GARAGE	Camden	none	Not Started	Active	Surveys
12345678	12345678012	RTK TEST FACILITY #12 - CHEMISTRY LAB	Bergen	none	Not Started	Active	Surveys
12345678	12345678013	RTK TEST FACILITY #13 - COMMUNITY POOL	Atlantic	none	Not Started	Active	Surveys
12345678	12345678014	RTK TEST FACILITY - # 13	Burlington	none	Not Started	Active	Surveys
12345678	12345678015	RTK TEST FACILITY # 14	Atlantic	none	Not Started	Active	Surveys

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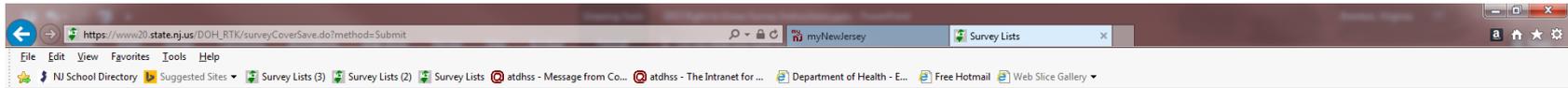
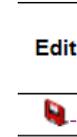
4:50 PM 4/23/2015

When opening the RTK Survey for the first time, click on the red plus



under the column heading "Add"

When opening the RTK Survey after you have added it you will click on red folder under column heading "Edit"



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY



About RTK Facility and Surveys:

Facility ID: 12345678006 Facility Name: RTK TEST FACILITY #6 - HIGH SCHOOL Status: Active

Survey Facilities

Return to Facilities List

Search Facilities

Reports for This Survey

Inventory by Product

Inventory by Chemical

Survey User Reports

Chemicals Present By Locality

Chemicals Present By EIN

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English Fact Sheets

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User Management

List Survey Users

Search Survey Users

Add Survey User

List View-Access Users

Search View-Access Users

Add View-Access User

Logout

Logout

Survey List

Survey Year	Status	Add	Edit	View	Hazardous Chemicals Reported	Created By	Date Created	Last Changed By	Date Last Changed
2016	Not Started	+							
2015	Submitted				Yes	rtkadministrator	04/06/2016	rtkadministrator	12/08/2016
2014	Submitted				Yes	rtkadministrator	05/29/2015	rtkadministrator	03/04/2016
2013	Submitted				Yes	Jessica Perrini	06/06/2014	rtkadministrator	05/29/2015



The survey cover page will open. Much of the information that was entered on the previous year's Survey will auto fill into the next year's Survey and other information you will need to re-enter. All sections of the cover page must be completed with the exception of section "K", which should only be completed if you share a building with a different employer.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

Save Save And Go To List Submit Save And Go To Inventory

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
12345678001	9131 / 111111	1111	7/15/2015	RTK UNIT - TEST FACILITY #1

Facility Mailing Address:
RTK Unit - Test Facility #1
ATTN RTK COORDINATOR
ATTN RTK COORDINATOR
135 BROAD STREET
TRENTON NJ 08625

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 *
Number of employees exposed or potentially exposed to hazardous chemicals at this facility *

D. Indicate the nature of the operations conducted at this facility *
-- Select --
Other Nature of Operations:

E. Are you reporting Products with Unknown Ingredients? *
 Yes No
[Add Products with Unknown Ingredients](#)

F. Employer Email Address *

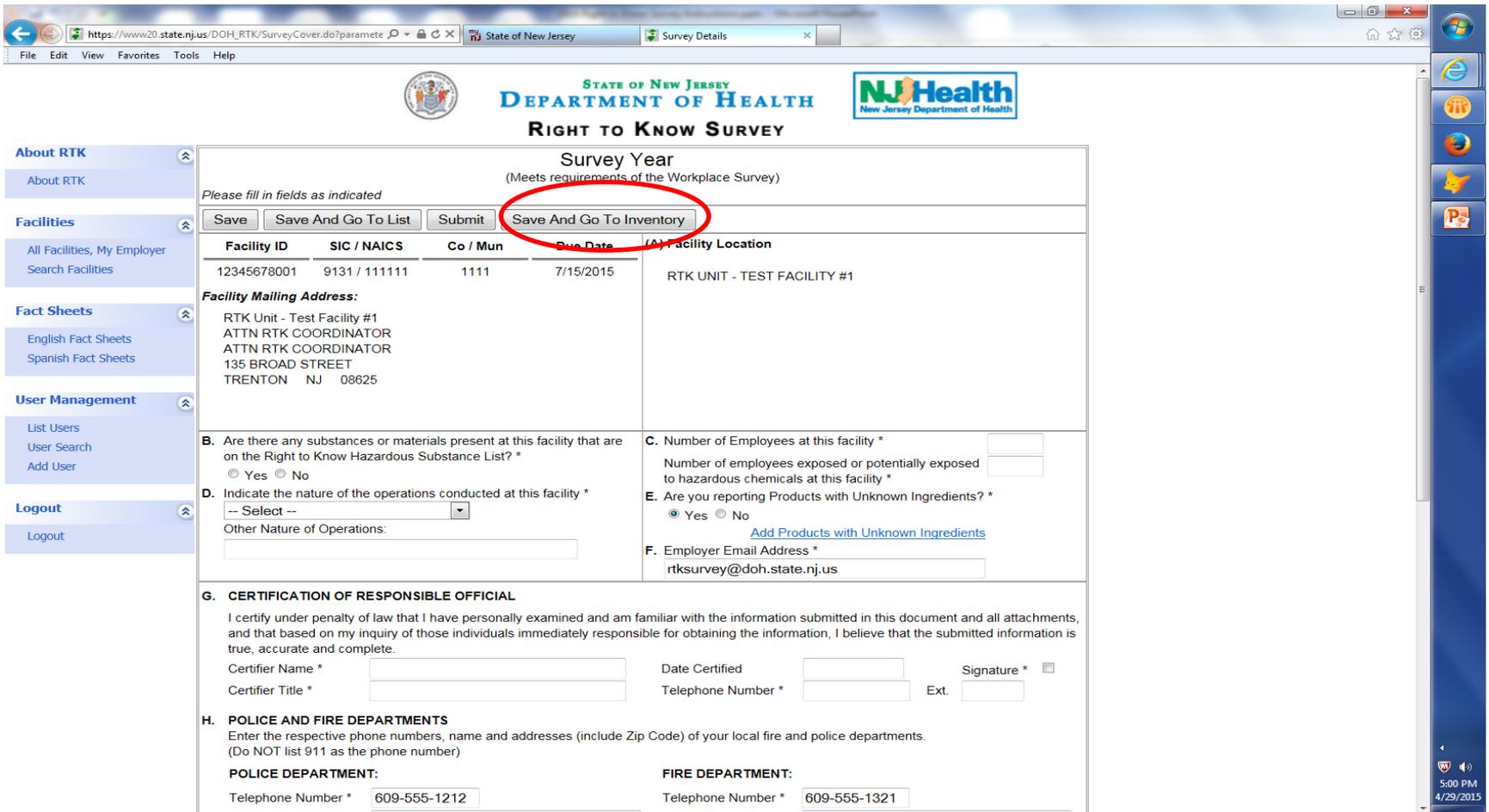
G. CERTIFICATION OF RESPONSIBLE OFFICIAL
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.
Certifier Name * Date Certified Signature *
Certifier Title * Telephone Number * 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 *

FIRE DEPARTMENT: Telephone Number *

To view, add, or delete inventory click on “Save And Go To Inventory”



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

Save Save And Go To List Submit **Save And Go To Inventory**

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
12345678001	9131 / 111111	1111	7/15/2015	RTK UNIT - TEST FACILITY #1

Facility Mailing Address:
RTK Unit - Test Facility #1
ATTN RTK COORDINATOR
ATTN RTK COORDINATOR
135 BROAD STREET
TRENTON NJ 08625

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 *
Number of employees exposed or potentially exposed to hazardous chemicals at this facility *

D. Indicate the nature of the operations conducted at this facility *
-- Select --
Other Nature of Operations:

E. Are you reporting Products with Unknown Ingredients? *
 Yes No
[Add Products with Unknown Ingredients](#)

F. Employer Email Address *
rtksurvey@doh.state.nj.us

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 *
Certifier Title *
Date Certified
Telephone Number *
Signature *
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 * 609-555-1212
FIRE DEPARTMENT: Telephone Number * 609-555-1321

Inventory from the previous year's RTK Survey has been loaded into the next year's RTK Survey. Please review all information for all products. If there has been "No Change" to any information, then "Return to Survey Cover" and your survey is ready to be submitted. If you need to make changes, click on "Edit" next to the product you want to change.

STATE OF NEW JERSEY DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year
 (Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: **12345678001** SIC: **9131** NAICS: **111111**
 FACILITY NAME: **RTK Unit - Test Facility #1** EMPLOYER NAME: **Right to Know Test Employer**

Instructions: If products are listed, click the 'Edit' button for a product, or click the product name in the menu's Products area, to open that product record for editing. If no products are listed, click the 'Add Product' button to create a product record.

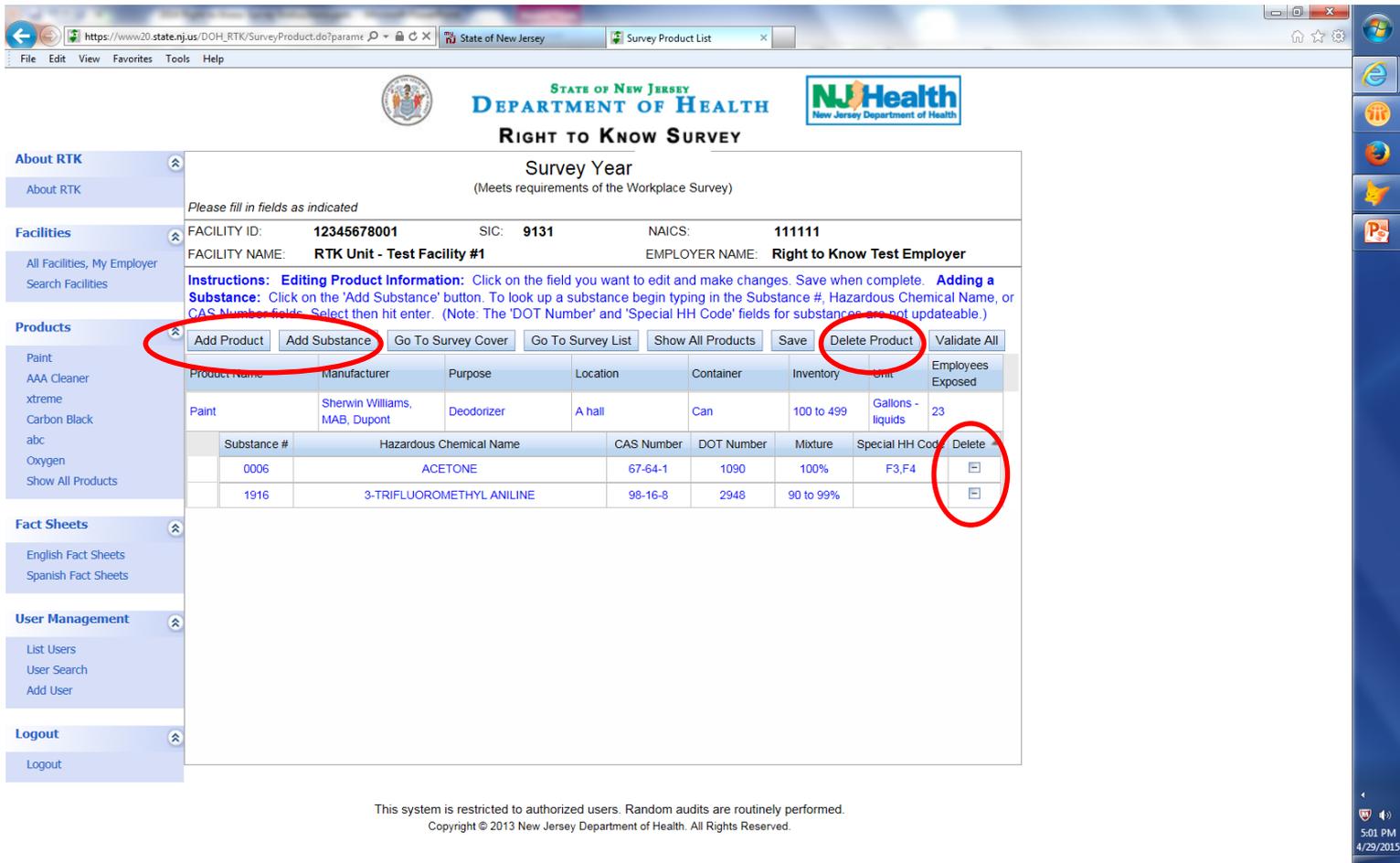
Buttons: Add Product, Return to Survey Cover, Save, Validate All

Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
Edit Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23
Edit AAA Cleaner	ABC Company	Cleaning Products-General	closet	Can	10 to 99	Pounds - solids	12
Edit xtreme	abe	Hydrolic Fluid	C Hall	Can	1 to 9	Gallons - liquids	87
Edit Carbon Black	Under Armor	Adhesives	B Hall	Can	10 to 99	Pounds - solids	123
Edit abc	chrise	Lubricant	D Hall	Silo	500 to 999	Gallons - liquids	96
Edit Oxygen	Air Gas	Medical/First Aid Supplies	Bay	Cylinder	10,000 to 24,999	Cubic Ft - gases	12

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5:01 PM
 4/23/2015

After clicking edit, the product information will open. Make changes to whatever needs updating. You can delete a Hazardous Chemical Ingredient by clicking on  under the Column Heading "Delete" or you can delete the entire product by clicking on "Delete Product". Add Hazardous Chemical Ingredients and or Products by clicking on the "Add Product / Add Substance buttons.



STATE OF NEW JERSEY DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY
NJHealth
New Jersey Department of Health

About RTK
About RTK

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All Facilities, My Employer
Search Facilities

Products
Paint
AAA Cleaner
xtreme
Carbon Black
abc
Oxygen
Show All Products

Fact Sheets
English Fact Sheets
Spanish Fact Sheets

User Management
List Users
User Search
Add User

Logout
Logout

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: 12345678001 SIC: 9131 NAICS: 111111
FACILITY NAME: RTK Unit - Test Facility #1 EMPLOYER NAME: Right to Know Test Employer

Instructions: Editing Product Information: Click on the field you want to edit and make changes. Save when complete. **Adding a Substance:** Click on the 'Add Substance' button. To look up a substance begin typing in the Substance #, Hazardous Chemical Name, or CAS Number or fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

Buttons: Add Product, Add Substance, Go To Survey Cover, Go To Survey List, Show All Products, Save, Delete Product, Validate All

Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23
Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete	
0006	ACETONE	67-64-1	1090	100%	F3,F4		
1916	3-TRIFLUOROMETHYL ANILINE	98-16-8	2948	90 to 99%			

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To check for Errors (names of products with missing information) click on "Validate All"

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: 12345678001 SIC: 9131 NAICS: 111111
FACILITY NAME: RTK Unit - Test Facility #1 EMPLOYER NAME: Right to Know Test Employer

Instructions: If products are listed, click the 'Edit' button for a product, or click the product name in the menu's Products area, to open that product record for editing. If no products are listed, click the 'Add Product' button to create a product record.

Add Product Return to Survey Cover Save **Validate All**

	Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
Edit	Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23
Edit	AAA Cleaner	ABC Company	Cleaning Products-General	closet	Can	10 to 99	Pounds - solids	12
Edit	xtreme	abe	Hydrolic Fluid	C Hall	Can	1 to 9	Gallons - liquids	87
Edit	Carbon Black	Under Armor	Adhesives	B Hall	Can	10 to 99	Pounds - solids	123
Edit	abc	chrise	Lubricant	D Hall	Silo	500 to 999	Gallons - liquids	96
Edit	Oxygen	Air Gas	Medical/First Aid Supplies	Bay	Cylinder	10,000 to 24,999	Cubic Ft - gases	12

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5:01 PM
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Click on "Return to Survey Cover" to submit your RTK Survey

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: 12345678001 SIC: 9131 NAICS: 11111
FACILITY NAME: RTK Unit - Test Facility #1 EMPLOYER NAME: Right to Know Test Employer

Instructions: If products are listed, click the 'Edit' button for a product, or click the product name in the menu's Products area, to open that product record for editing. If no products are listed, click the 'Add Product' button to create a product record.

Add Product **Return to Survey Cover** Save Validate All

	Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
Edit	Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23
Edit	AAA Cleaner	ABC Company	Cleaning Products- General	closet	Can	10 to 99	Pounds - solids	12
Edit	xtreme	abe	Hydrolic Fluid	C Hall	Can	1 to 9	Gallons - liquids	87
Edit	Carbon Black	Under Armor	Adhesives	B Hall	Can	10 to 99	Pounds - solids	123
Edit	abc	chrise	Lubricant	D Hall	Silo	500 to 999	Gallons - liquids	96
Edit	Oxygen	Air Gas	Medical/First Aid Supplies	Bay	Cylinder	10,000 to 24,999	Cubic Ft - gases	12

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4/23/2015

When you are ready to submit your survey, click the signature box, enter your telephone number and then click on "Submit"

Survey Year (Meets requirements of the Workplace Survey)			
Please fill in fields as indicated			
Save Save And Go To List Submit Save And Go To Inventory Printable Survey			
Facility ID	SIC / NAICS	City / Mun	Due Date
12345678001	9131 / 111111	1111	7/15/2015
Facility Mailing Address: RTK Unit - Test Facility #1 ATTN RTK COORDINATOR ATTN RTK COORDINATOR 135 BROAD STREET TRENTON NJ 08625		(A) Facility Location RTK UNIT - TEST FACILITY #1	
B. Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? * <input checked="" type="radio"/> Yes <input type="radio"/> No		C. Number of Employees at this facility * Number of employees exposed or potentially exposed to hazardous chemicals at this facility * 15 12	
D. Indicate the nature of the operations conducted at this facility * Garage Other Nature of Operations:		E. Are you reporting Products with Unknown Ingredients? * <input checked="" type="radio"/> Yes <input type="radio"/> No Add/Edit Products with Unknown Ingredients	
		F. Employer Email Address * rtksurvey@doh.state.nj.us	
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 *	rtk Administrator	Date Certified	06/03/2015
Certifier Title *	rtkadministrator	Telephone Number *	609-984-2202 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:		FIRE DEPARTMENT:	
Telephone Number *	609-555-1212	Telephone Number *	609-555-1321
Department Name *	Any Police Department	Department Name *	Any Fire Department
Address *	1 Main Street	Address *	2 Main Street
City *	Anytown	City *	Anytown
State *, Zip *	NJ 08600	State *, Zip *	NJ 08055

When you have submitted your survey the “Status” will say “submitted” and the red folder in the “Edit” column will disappear. From now on you will have “View” Only. You will always be able to print a copy of your survey fro the by selecting “View” and then “Printable Survey”



STATE OF NEW JERSEY
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RIGHT TO KNOW SURVEY



- About RTK
- Survey Facilities
- Reports for This Survey
- Fact Sheets
- User Management
- Logout

Facility and Surveys:

Facility ID: 12345678001 Facility Name: RTK Unit - Test Facility #1 Status: Active

[Return to Facilities List](#)

Survey List

Survey Year	Status	Add	Edit	View	Hazardous Chemicals Reported	Created By	Date Created	Last Changed By	Date Last Changed
2016	Not Started								
2015	Submitted				Yes	rtkadministrator	09/29/2015	rtkadministrator	03/04/2016
2014	Submitted				Yes	RTKTESTER	04/29/2015	mlday	09/29/2015
2013	Submitted				Yes	rtkadministrator	05/16/2014	RTKTESTER	04/29/2015



Reports for this survey

(Note: have the survey open)



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY

About RTK

Survey Facilities

All Facilities, My Employer
Search Facilities

View-Access Facilities

All Assigned Municipalities
All Assigned Facilities
Search Facilities

Reports for This Survey

Inventory by Product
Inventory by Chemical

View-Access Reports

Chemicals Present By Locality

Survey User Reports

Chemicals Present By EIN

Fact Sheets

English Fact Sheets
Spanish Fact Sheets

Products

Survey Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: **12345678006** SIC: **8211** NAICS: **611110**
FACILITY NAME: **RTK TEST FACILITY #6 - HIGH SCHOOL** EMPLOYER NAME: **Right to Know Test Employer**

Instructions: If products are listed, click the 'Edit' button for a product, or click the product name in the menu's Products area, to open that product record for editing. If no products are listed, click the 'Add Product' button to create a product record.

	Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
<input type="button" value="Edit"/>	WINDEX	SC JOHNSONS	Cleaning Products-General	STORAGE	Bottles or jugs (plastic)	10 to 99	Gallons - liquids	10
<input type="button" value="Edit"/>	SPRAY BUFF	INCREDIBLE	Cleaning Products-General	2ND FLOR SLOP SINK	Bottles or jugs (plastic)	1 to 9	Gallons - liquids	50
<input type="button" value="Edit"/>	XYZ	123	Other	STOREROOM	Battery	1 to 9	Pounds - solids	25
<input type="button" value="Edit"/>	SUPER GLUE	ELMER'S	Adhesives	ART ROOM	Bottles or jugs (plastic)	10 to 99	Gallons - liquids	30
<input type="button" value="Edit"/>	FORTIFICATION SEAL	JOHN A. EARL	Boiler Treatment	BASEMENT STORAGE	Bottles or jugs (plastic)	10 to 99	Gallons - liquids	5
<input type="button" value="Edit"/>	CLOROX	CLOROX COMPANY	Cleaning Products-General	JANITOR'S CLOSET	Bottles or jugs (plastic)	1 to 9	Gallons - liquids	4

There are many reports you can generate yourself. One that might be useful when completing your survey, is to generate a report sorted by location. This way you can visit the areas of the facility with a list of what is in each room.

- Select “Inventory by Product”
- Then “Sort By” change from Product Name to Location.
- You can then select “File” Print
- Or you can save the file for future use.



Survey Inventory By Product Category Report

[Return To Survey](#)

Facility ID: 12345678006

Facility Name: RTK TEST FACILITY #6 - HIGH SCHOOL

Survey Year: 2015

Setup Screen

To Generate This Report for Specific Product Categories, Select Them Using the Selection Fields Below.
To Generate This Report for All Inventory, Leave All Selection Fields Unselected.

Products Reported in this Survey	<input type="text" value="-- Select --"/>
Manufacturers Reported in this Survey	<input type="text" value="-- Select --"/>
Purposes Reported in this Survey	<input type="text" value="-- Select --"/>
Product Locations Reported in this Survey	<input type="text" value="-- Select --"/>
Container Types Reported in this Survey	<input type="text" value="-- Select --"/>
Inventory Ranges Reported in this Survey	<input type="text" value="-- Select --"/>
Units of Measure Reported in this Survey	<input type="text" value="-- Select --"/>

Sort This Report By:

Sort Direction:

[Generate Products Report](#)

Reports – All facilities

Use this if you are interested of making a list of all your facilities with inventory of a particular chemical

The screenshot shows a web browser window with the URL <https://www2.state.nj.us/DOH/RTK/home.do?method=loginIndex>. The page header includes the State of New Jersey Department of Health logo and the "RIGHT TO KNOW SURVEY" title. The main content area is divided into several sections:

- About RTK**: Welcome to the New Jersey Department of Health, Right to Know Program electronic survey filing system.
- Survey Facilities**: This system is for New Jersey Public Employers who are required to complete a Right to Know Survey. To begin, in the 'Survey Facilities' menu, either:
 - Click the 'All Facilities, My Employer' item to obtain a list, in order by Facility ID, of all Facilities for your Employer.
 - Click 'Search Facilities' to obtain a Facility Search screen, your search will be limited to your Employer's Facilities.(If no Survey Facilities menu items are visible, click on the 'Survey Facilities' menu item to open the sub-menu.)
- View-Access Facilities**: This Login provides View-Only Access to Right to Know surveys for all Facilities in the assigned Municipality or Municipalities. To begin, in the 'View-Access Facilities' menu, either:
 - Click 'All Assigned Municipalities' to obtain a list of Assigned Municipalities and a link to list the Facilities in each Municipality.
 - Click 'All Assigned Facilities' to obtain a list, in order by Municipality and Facility Name, of all Assigned Facilities.(If no View-Access Facilities menu items are visible, click on the 'View Access Facilities' menu item to open the sub-menu.)
- Survey User Reports**: **Chemicals Present By EIN** (highlighted with a red circle).
- Fact Sheets**: English Fact Sheets, Spanish Fact Sheets.
- User Management**: List Survey Users, Search Survey Users, Add Survey User.
- Logout**: Logout.

For example: generate report of all my facilities reporting gasoline in a can

Report: Chemicals Present in Facilities, By EIN Close

Setup Screen

The EIN or a Facility, and a Chemical and/or One or More Chemical Attributes Must Be Selected.

EIN

Facility

Survey Year

Chemical
Hint: Start typing the Chemical Name to reach it on the list

Health Hazard Category

Chemical Percent in Mixture

Product Container Type

Product Quantity (Range) Unit of Measure

Generate EIN Report

This system is restricted to authorized users. Random audits are routinely performed.
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If you have questions or need help

- Please call us at (609) 984-2202
- Send us an e-mail at rtksurvey@doh.state.nj.us