

RTK Coordinator Instructions

- One person from each employer will be the **E**mployer **R**esponsible **RTK** **O**fficial (**ERRO**)
- This assignment is made by your employer
- If you are the assigned to be the ERRO you need to register with RTK Staff to get online access to your employer's surveys:
 - Call the RTK Infoline at (609) 984-2202 and ask the staff to register you;
 - The RTK staff will add your name to our online system and you will receive an e-mail from "rtksurvey". The e-mail will contain instructions and an authorization code. You will need to have a *myNewJersey* account set up before you call. Go to www.nj.gov to set up your account before calling. If you already have an account with *myNewJersey* you should use that account logon id;
 - After you receive your e-mail with the authorization code, go to the *myNewJersey* Portal located at www.nj.gov. Follow instructions in this slide show and in the application;
 - If you would like to assign others one or more of the surveys to complete review slides beginning at slide 30 of this presentation.

Facility Survey Coordinator Instructions

- The ERRO will assign you one or more facility surveys to complete.
- You will receive an e-mail from “rtksurvey” with an authorization code to use.
- Review the following slides and read instructions provided in the application.
- Complete the surveys assigned to you.
- Save **or** submit them. Follow your RTK Coordinator’s instructions.

NOTE: Once submitted you will not be able to make changes to your survey!!

The RTK Survey online system operates through the *myNewJersey* Portal. You must have a portal account to access the RTK Survey online system:

If you already have an account then click on ***Login***

If you need to create an account then click on ***Register***

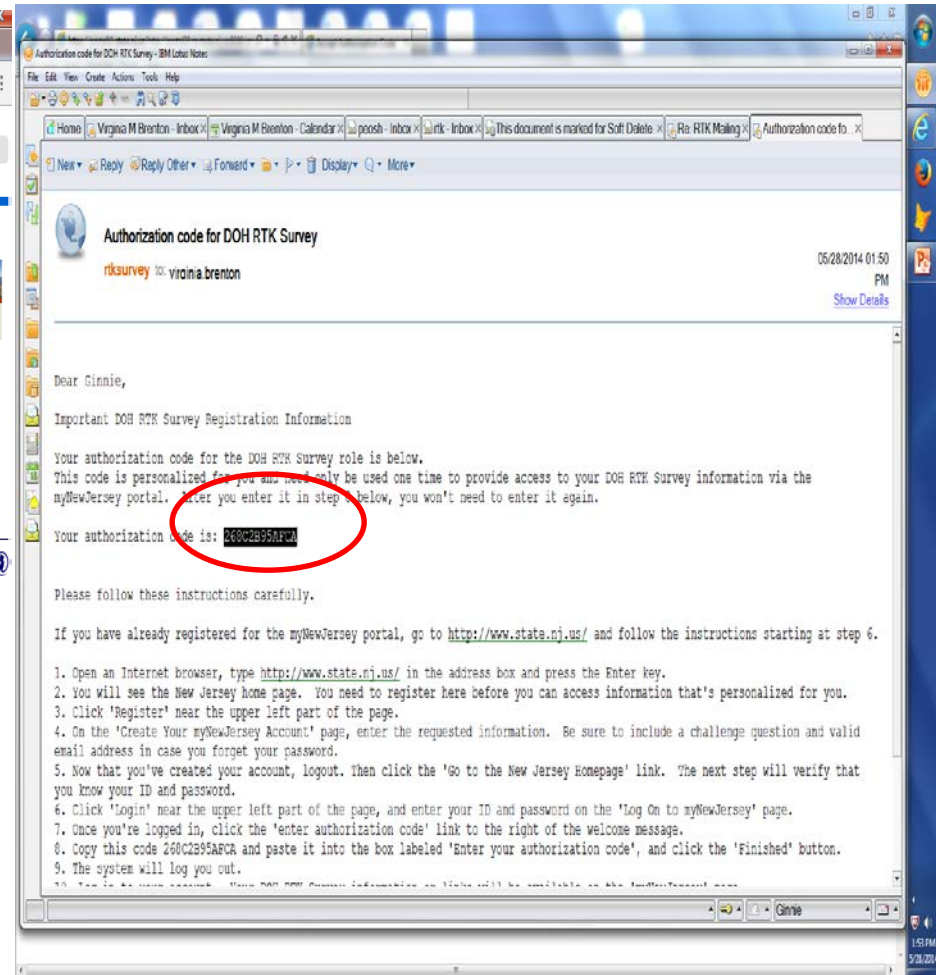
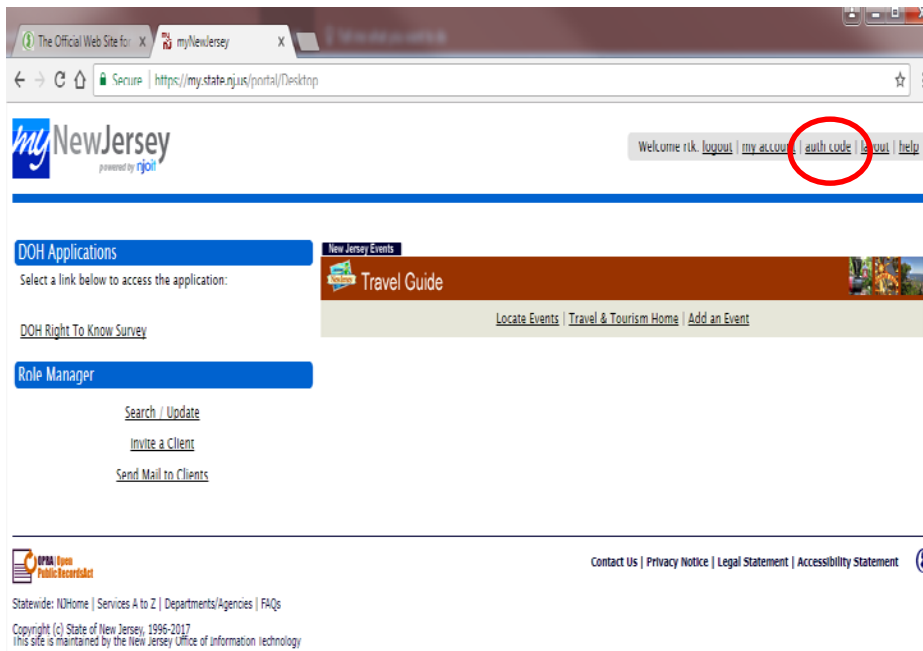
Follow instructions provided online

The screenshot shows the NJ.gov website interface. At the top, the navigation bar includes the NJ.gov logo, the text "The Official Website for The State of New Jersey", and links for Governor Phil Murphy and Lt. Governor Sheila Oliver. Below this, a secondary navigation bar lists various services and departments. The "Login | Register" link is highlighted with a red circle. The main content area features a large banner image of a person holding a smartphone displaying the NJ.gov mobile app. The banner text reads "Welcome to the New NJ.gov!" and "Our new website contains all of the information New Jersey needs with a clean and fully responsive design no matter your device." Below the banner is a "Spotlights" section with three featured items: "9-1-1 in an emergency:", "if you SEEICAV", and a partially visible "nj.gov/#myCarousel" link. The Windows taskbar at the bottom shows the system clock as 12:07 PM on 1/19/2018.

Once you are logged into the *myNewJersey* Portal:

Click on “auth code”

Enter your authorization code from the e-mail sent to you by “rtksurvey”



After you enter your “**Authorization Code**” the link to the RTK Survey application will appear the next time you log in.

(you will be instructed to log out and log back into the *myNewJersey* Portal to receive the link)

Click on “**DOH Right To Know Survey**” to open the application

The Official Web Site for myNewJersey

Secure | <https://my.state.nj.us/portal/Desktop>

myNewJersey
powered by njoi

Welcome rtk: [logout](#) | [my account](#) | [auth code](#) | [layout](#) | [help](#)

DOH Applications

Select a link below to access the application:

[DOH Right To Know Survey](#)

Role Manager

[Search / Update](#)

[Invite a Client](#)

[Send Mail to Clients](#)

New Jersey Events

Travel Guide

[Locate Events](#) | [Travel & Tourism Home](#) | [Add an Event](#)

OPRA | Open Public Records Act

Contact Us | Privacy Notice | Legal Statement | Accessibility Statement

Statewide: NJHome | Services A to Z | Departments/Agencies | FAQs

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Click on “All Facilities, My Employer” to begin

The screenshot shows a web browser window with the URL https://www20.state.nj.us/DOH_RTK/home.do?method=loginV. The page header includes the State of New Jersey Department of Health logo and the NJ Health logo. The main heading is "RIGHT TO KNOW SURVEY".

The left sidebar contains the following menu items:

- About RTK
- Facilities**
 - All Facilities, My Employer** (circled in red)
 - Search Facilities
- Fact Sheets
 - English Fact Sheets
 - Spanish Fact Sheets
- User Management
 - List Users
 - User Search
 - Add User
- Logout
 - Logout

The main content area contains the following text:

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.)

At the bottom of the page, there is a disclaimer: "This system is restricted to authorized users. Random audits are routinely performed. Copyright © 2013 New Jersey Department of Health. All Rights Reserved."

The system tray in the bottom right corner shows the date and time: 1:55 PM, 5/28/2014.

A list of all your employer's facilities will appear
Click on "[Surveys](#)" on the far right to open the RTK Survey for that facility.

Note: Only Facilities with "Facility Status" = Active will have RTK Survey(s) to complete

The screenshot displays the NJ Department of Health's "RIGHT TO KNOW SURVEY" facility search interface. The search form includes fields for EIN (12345678), Facility Name, Facility City, County Code (dropdown), COMU Code (dropdown), Facility ID, Facility Address, Facility Zip, SIC, NAICS, and Latest Survey Year (dropdown). A "Search" button is located below the form.

The "Facilities List - 19 Records" table contains the following data:

EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2017 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Submitted	Active	Surveys
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	none	Not Applic	InActive	Surveys
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	User	Not Applic	InActive	Surveys
12345678	12345678006	RTK TEST FACILITY #6 - HIGH SCHOOL	Cape May	User	Not Applic	InActive	Surveys
12345678	12345678007	RTK TEST FACILITY #6 - MAINTENANCE SHOP	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678008	RTK TEST FACILITY # 7	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678009	RTK - Test Facility #8	Atlantic	User	Not Applic	InActive	Surveys

The "Facility Status" column is circled in red, and a red arrow points to the "Surveys" link in the first row of the table.

This system is restricted to authorized users. Random audits are routinely performed.
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If you prefer to perform a search for a particular facility or group of facilities (i.e. all facilities from one county, city, or street, etc.) then click on “**Search Facilities**” and enter your search criteria.

Facility Search

EIN:* Facility ID:*

Facility Name: Facility Address:

Facility City: Facility Zip:

County Code: SIC: NAICS:

COMU Code: Latest Survey Year:

Facilities List - 19 Records

EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2017 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Submitted	Active	Surveys
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	none	Not Applic	InActive	Surveys
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	User	Not Applic	InActive	Surveys
12345678	12345678006	RTK TEST FACILITY #6 - HIGH SCHOOL	Cape May	User	Not Applic	InActive	Surveys
12345678	12345678007	RTK TEST FACILITY #6 - MAINTENANCE SHOP	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678008	RTK TEST FACILITY # 7	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678009	RTK - Test Facility #8	Atlantic	User	Not Applic	InActive	Surveys

1

This system is restricted to authorized users. Random audits are routinely performed.
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Click on the  to open the survey and start to complete it.






Facility and Surveys:

Facility ID: 12345678000 Facility Name: RTK Test Facility 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
2017	Not Started								
2016	Submitted				No	rtkadministrator	06/16/2017	rtkadministrator	06/16/2017
2015	Not Started				Yes	rtkadministrator	09/29/2015	rtkadministrator	01/07/2016
2014	Not Started				Yes	rtkadministrator	03/03/2015	rtkadministrator	09/29/2015
2013	Submitted				Yes	miday	05/14/2014	rtkadministrator	05/20/2014

User Management

- List Survey Users
- Search Survey Users
- Add Survey User
- List View-Access Users
- Search View-Access Users
- Add View-Access User


Logout

This system is restricted to authorized users. Random audits are routinely performed.
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You must complete all sections of the Cover Page


The Official Web Site for myNewJersey Survey Details

Secure https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

RIGHT TO KNOW SURVEY



About RTK

About RTK

Survey Facilities

Search Facilities

Reports for This Survey

Inventory by Product
Inventory by Chemical

Survey User Reports

Fact Sheets

English Fact Sheets
Spanish Fact Sheets

Inspections

Search Inspections
Create Inspection

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 Year
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
12345678000	1111 / 11111	1111	7/15/2018	135 EAST STATE STREET

Facility Mailing Address:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE 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

D. Indicate the nature of the operations conducted at this facility *

Other Nature of Operations:

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

E. Are you reporting Products with Unknown Ingredients? *
 Yes No
[Add/Edit 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)

<p>POLICE DEPARTMENT:</p> <p>Telephone Number * <input type="text" value="609-345-6789"/></p> <p>Department Name * <input type="text" value="STATE POLICE"/></p> <p>Address * <input type="text" value="1 ROCKY ROAD"/></p> <p>City * <input type="text" value="TRENTON"/></p> <p>State *, Zip * <input type="text" value="NJ"/> <input type="text" value="09876"/></p>	<p>FIRE DEPARTMENT:</p> <p>Telephone Number * <input type="text" value="609-888-7565"/></p> <p>Department Name * <input type="text" value="STATE FIRE DEPARTMENT"/></p> <p>Address * <input type="text" value="12 FIREBALL WAY"/></p> <p>City * <input type="text" value="TRENTON"/></p> <p>State *, Zip * <input type="text" value="NJ"/> <input type="text" value="09876"/></p>
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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

Telephone Number Ext State Zip

When you have completed entering information on the Cover page of your RTK Survey Click on the system “SAVE” button to save your information.

You can also choose “Save And Go To List” or “Save and Go To Inventory”.

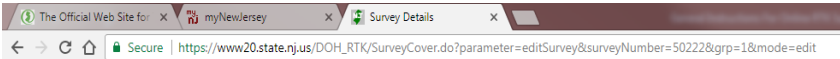
Do NOT Use other commands such as those in the tool box bar as they are outside this application and will not work properly.

DO NOT USE

USE

The screenshot shows the 'Survey Year' form for the 'RIGHT TO KNOW SURVEY'. The browser address bar shows the URL: https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit. The form includes a navigation menu on the left with sections like 'About RTK', 'Survey Facilities', 'Reports for This Survey', 'Survey User Reports', 'Fact Sheets', 'Inspections', 'User Management', and 'Logout'. The main form area contains several sections: 'Survey Year' (Meets requirements of the Workplace Survey), 'Facility Information' (Facility ID: 12345678000, SIC: 1111, Co/Mun: 1111, Due Date: 7/15/2018, Location: 135 EAST STATE STREET), 'Facility Mailing Address' (RTK Test Facility, ATTN RTK COORDINATOR, 135 EAST STATE 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' (100), 'D. Indicate the nature of the operations conducted at this facility' (Office), 'E. Are you reporting Products with Unknown Ingredients?' (Yes/No), 'F. Employer Email Address' (RTK@DOH.STATE.NJ.US), 'G. CERTIFICATION OF RESPONSIBLE OFFICIAL' (Certifier Name: rtk Administrator, Date Certified: 01/19/2018, Telephone Number: 609-292-7216), 'H. POLICE AND FIRE DEPARTMENTS' (Police: STATE POLICE, 1 ROCKY ROAD, TRENTON, NJ; Fire: STATE FIRE DEPARTMENT, 12 FIREBALL WAY, TRENTON, NJ), and 'I. UNION REPRESENTATIVE' (Union Rep. Name: BOB YEST, Union Address: 56 ELM STREET, PHILADELPHIA).

If you have more than one union representing employees at this facility you can report additional unions by clicking on the link “**Add/Edit Information for Additional Unions**” in Section I located on the Survey Cover page.



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 Printable Survey

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
12345678000	1111 / 11111	1111	7/15/2018	135 EAST STATE STREET

Facility Mailing Address:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE 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 *
 100
 60

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

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

F. Employer Email Address *
 RTK@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 01/19/2018 Signature *
 Certifier Title * rtkadministrator Telephone Number * 609-292-7216 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 * 609-345-6789
 Department Name * STATE POLICE
 Address * 1 ROCKY ROAD
 City * TRENTON
 State *, Zip * NJ 09876

FIRE DEPARTMENT:
 Telephone Number * 609-888-7565
 Department Name * STATE FIRE DEPARTMENT
 Address * 12 FIREBALL WAY
 City * TRENTON
 State *, Zip * NJ 09876

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 BOB YEST Union Address 56 ELM STREET
 Union Name (Abbrev) CWA Local Number 1046 City PHILADELPHIA
 Telephone Number 609-768-0987 Ext. 10 State, Zip PA 19876
 This Survey Has Reported 0 Additional Union(s). [Add/Edit Information for Additional Unions](#)

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 01/19/2018 Signature *
 Certifier Title * rtkadministrator Telephone Number * 609-292-7216 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 * 609-345-6789
 Department Name * STATE POLICE
 Address * 1 ROCKY ROAD
 City * TRENTON
 State *, Zip * NJ 09876

FIRE DEPARTMENT:

Telephone Number * 609-888-7565
 Department Name * STATE FIRE DEPARTMENT
 Address * 12 FIREBALL WAY
 City * TRENTON
 State *, Zip * NJ 09876

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 BOB YEST Union Address 56 ELM STREET
 Union Name (Abbrev) CWA Local Number 1046 City PHILADELPHIA
 Telephone Number 609-768-0987 Ext. 10 State, Zip PA 19876
 This Survey Has Reported 0 Additional Union(s). [Add/Edit Information for Additional Unions](#)

J. FACILITY EMERGENCY CONTACT

Contact Name * DISPATCHER Telephone Number * 509-555-4444

After you click on “**Add/Edit Information for Additional Unions**” from the cover page then Click on “**Add A Union**” button and a new line will appear where you will enter the additional union information.

The Official Web Site for myNewJersey x Survey Details x Survey Unions x

Secure | https://www20.state.nj.us/DOH_RTK/surveyCoverSave.do?method=saveAndGoToUnions&surveyNumber=50222

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NJ Health
New Jersey Department of Health

RIGHT TO KNOW SURVEY

Survey Year
(To Be Completed Only When There is More Than One Union At A Facility)

FACILITY ID: 12345678000 SIC: 1111 NAICS: 1111
FACILITY NAME: RTK Test Facility EMPLOYER NAME: Right to Know Test Employer

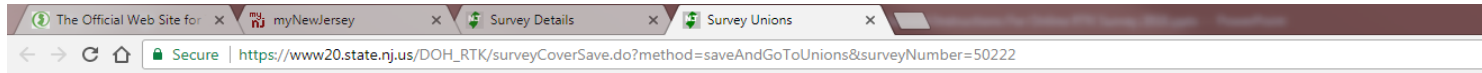
Union Information

Add A Union Save Save and Return to Survey

Representative Name *	Union Name (Abbrev)*	Local Number *	Address *	City *	ST *	Zip *	Telephone *	Ext	Delete Entry
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* Denotes required information

Enter additional Union Information into the boxes provided
Then click on “Save”
Continue to “Add A Union” until all union’s are entered.
Then click on “Save and Return to Survey”



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY



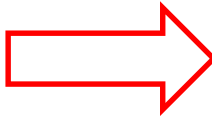
Survey Year
(To Be Completed Only When There is More Than One Union At A Facility)

FACILITY ID: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility EMPLOYER NAME: Right to Know Test Employer

Union Information Add A Union Save Save and Return to Survey

Representative Name *	Union Name (Abbrev)*	Local Number *	Address *	City *	ST *	Zip *	Telephone *	Ext	Mobile Entry
KARL BROTHER	IFPTE	195	100 MAIN STREET	ANYTOWN	NJ	08076	609-555-1234		<input type="checkbox"/>

* Denotes required information



How Do I Add Products With Unknown Ingredients?

Click on **Products with Unknown Ingredients** in section E located on the Survey Cover Page

The Official Web Site for myNewJersey Survey Details

Secure | https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit

STATE OF NEW JERSEY DEPARTMENT OF HEALTH **NJHealth**
New Jersey Department of Health

RIGHT TO KNOW SURVEY

Survey Year: 2018
(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	Co / Mun	Due Date	(A) Facility Location
12345678000	1111 / 11111	1111	7/15/2018	135 EAST STATE STREET

Facility Mailing Address:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE 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 * 100
Number of employees exposed or potentially exposed to hazardous chemicals at this facility * 60

D. Indicate the nature of the operations conducted at this facility *
Office

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

F. Employer Email Address *
RTK@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 01/19/2018 Signature *
Certifier Title * rtkadministrator Telephone Number * 609-292-7216 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 * 609-345-6789	Telephone Number * 609-888-7565
Department Name * STATE POLICE	Department Name * STATE FIRE DEPARTMENT
Address * 1 ROCKY ROAD	Address * 12 FIREBALL WAY
City * TRENTON	City * TRENTON
State *, Zip * NJ 09876	State *, Zip * NJ 09876

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 BOB YEST Union Address 56 ELM STREET
Union Name (Abbrev) CWA Local Number 1046 City PHILADELPHIA

Click on “Add A Product”

Enter *Product Name*, *Manufacturer’s name*, *Address*, *City*, *State*, and *zip* into the boxes.

Survey Year
(To Be Completed Only When You Are Unable to Identify Specific Chemical Components of a Trade Name Substance)

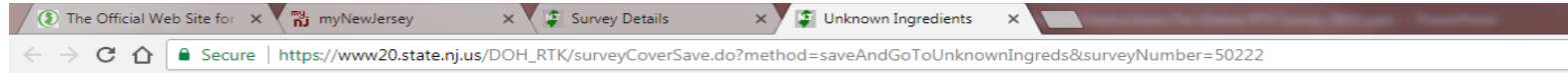
FACILITY ID: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility EMPLOYER NAME: Right to Know Test Employer

Products with Unknown Ingredients Information

Product Trade Name	Manufacturer or Supplier Name	Address	City	ST *	Zip *	Delete Entry
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* Denotes required information

After all **“Products with Unknown Ingredients”** information has been entered either:
Click on **“Save”** and then **“Add A Product”** continue until all products with unknown ingredients have been added OR
Click on **“Save and Return to Survey”**



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

RIGHT TO KNOW SURVEY



Survey Year						
(To Be Completed Only When You Are Unable to Identify Specific Chemical Components of a Trade Name Substance)						
FACILITY ID:	12345678000	SIC:	1111	NAICS:	11111	
FACILITY NAME:	RTK Test Facility		EMPLOYER NAME:	Right to Know Test Employer		
Products with Unknown Ingredients Information				Add A Product	Save	Save and Return to Survey
Product Trade Name	Manufacturer or Supplier Name	Address	City	St *	Zip *	Delete Entry
ABC FLOOR SCRUBBER	ANY COMPANY	1 ELM STREET	TRENTON	NJ	08638	

* Denotes required information

When you are ready to enter your inventory:

Click on **“Save And Go To Inventory”** to enter your inventory of products with hazardous ingredients

The screenshot shows a web browser window with the URL https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit. The page title is "RIGHT TO KNOW SURVEY" and it is part of the "STATE OF NEW JERSEY DEPARTMENT OF HEALTH" website. The "NJ Health" logo is also visible.

The main content area is titled "Survey Year" and includes the instruction "Please fill in fields as indicated". Below this, there are several buttons: "Save", "Save And Go To List", "Submit", "Save And Go To Inventory" (circled in red), and "Printable Survey".

The form contains a table with the following data:

Facility ID	SIC / NAICS	Co. / Mun.	Due Date	(Alt) Facility Location
12345678000	1111 / 11111	1111	7/15/2018	135 EAST STATE STREET

Below the table, there is a "Facility Mailing Address" section with the following text:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE STREET
TRENTON NJ 08625

The form is divided into several sections:

- B. Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? *** (Radio buttons for Yes/No)
- C. Number of Employees at this facility *** (Input fields for 100 and 60)
- D. Indicate the nature of the operations conducted at this facility *** (Dropdown menu for Office, Other Nature of Operations)
- E. Are you reporting Products with Unknown Ingredients? *** (Radio buttons for Yes/No)
- F. Employer Email Address *** (Input field for RTK@DOH.STATE.NJ.US)
- G. CERTIFICATION OF RESPONSIBLE OFFICIAL** (Text area for certification, Certifier Name: rtk Administrator, Date Certified: 01/19/2018, Signature: checked)
- H. POLICE AND FIRE DEPARTMENTS** (Text area for department information, Police Department: 609-345-6789, State Police, 1 Rocky Road, Trenton, NJ 09876; Fire Department: 609-888-7565, State Fire Department, 12 Fireball Way, Trenton, NJ 09876)
- I. UNION REPRESENTATIVE *** (Text area for union information, Union Rep. Name: BOB YEST, Union Address: 56 ELM STREET, Union Name: CWA, Local Number: 1046, City: PHILADELPHIA)

The left sidebar contains navigation links for "About RTK", "Survey Facilities", "Reports for This Survey", "Survey User Reports", "Fact Sheets", "Inspections", "User Management", and "Logout".

Click on “Add Product” to begin

myNewJersey x Survey Product List x

Secure | https://www20.state.nj.us/DOH_RTK/surveyCoverSave.do?method=Save%20And%20Go%20To%20Inventory

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

NJ Health
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: 12345678000 SIC: 1111 NAICS: 11111

FACILITY NAME: RTK Test Facility 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
--------------	--------------	---------	----------	-----------	-----------	------	-------------------

Complete ALL Product Information Then Click on **SAVE**

myNewJersey Survey Product List

Secure | https://www20.state.nj.us/DOH_RTK/SurveyProduct.do?parameter=showSurveyProduct

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NJ Health
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: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility 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 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
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

Enter product information into each column above then click on **SAVE**

Logout

After you **SAVE** your product information this screen will appear

Click on “**Add Substance**” to add the first hazardous ingredient

NOTE: Only ingredients on the RTK Hazardous Substance List (HSL) will be accepted.

If the ingredient you enter is **NOT** on the RTK HSL the system will send a message:

“This substance is not on the RTK HSL and is not reportable.”

myNewJersey x Survey Product List x

Secure | https://www20.state.nj.us/DOH_RTK/SurveyProduct.do?parameter=showSurveyProduct

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

NJ Health
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: 12345678000 SIC: 1111 NAICS: 1111
FACILITY NAME: RTK Test Facility 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 fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

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
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

About RTK
About RTK

Survey Facilities
Search Facilities

Reports for This Survey
Inventory by Product
Inventory by Chemical

Survey User Reports

Fact Sheets
English Fact Sheets
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Products
Show All Products

Inspections
Search Inspections
Create Inspection

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

To enter hazardous ingredients that are on the RTK Hazardous Substance List:

Enter the hazardous ingredients by typing into any one of three (3) boxes (Substance #, or Hazardous Chemical Name, or CAS Number) then hit enter.

myNewJersey | Survey Product List

Secure | https://www20.state.nj.us/DOH_RTK/SurveyProduct.do?parameter=showSurveyProduct

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

NJ Health
New Jersey Department of Health

About RTK

About RTK

Survey Facilities

Search Facilities

Reports for This Survey

Inventory by Product
Inventory by Chemical

Survey User Reports

Fact Sheets

English Fact Sheets
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Products

Show All Products

Inspections

Search Inspections
Create Inspection

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 Year 201
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

FACILITY ID: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility 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 fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

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
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
				--Select--		<input type="checkbox"/>

Enter information into any **one** of these 3 boxes then hit enter. The remaining info should auto fill.

You must now select the % of the mixture that this ingredient represents with respect to the entire product (i.e. 100% of the mixture, 25 % of the mixture, etc.) Click on “**Select**” in the “**Mixture**” Column, select the mixture %, then click “**SAVE**”

myNewJersey x Survey Product List x

Secure | https://www20.state.nj.us/DOH_RTK/SurveyProduct.do?parameter=showSurveyProduct

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

NJ Health
New Jersey Department of Health

RIGHT TO KNOW SURVEY

About RTK

About RTK

Please fill in fields as indicated
(Meets requirements of the Workplace survey)

Survey Facilities

FACILITY ID: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility EMPLOYER NAME: Right to Know Test Employer

Reports for This Survey

Inventory by Product
Inventory by Chemical

Survey User Reports

AAA CLEANER ABC COMPANY Cleaning Products-General CLOSET Can 10 to 99 Pounds - solids 12

Fact Sheets

English Fact Sheets
Spanish Fact Sheets

Products

Show All Products

Inspections

Search Inspections
Create Inspection

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

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 fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

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
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
0006	ACETONE	67-64-1	1090	--Select--	F3,F4	

To Continue Adding Products & Hazardous Ingredients: To add additional products click on “**SAVE**” to save the first product. Then click on “**Add A Product**”. A new line for product information will appear.

To add additional hazardous substances click on “**SAVE**” after adding your first hazardous substance ingredient. Then click on “**Add Substance**” add the next substance + mixture %, then click on “**SAVE**”

The screenshot displays the 'Right to Know Survey' interface. At the top, it shows the State of New Jersey Department of Health logo and the 'NJ Health' logo. The main content area is titled 'Survey Year' and includes a note: 'Please fill in fields as indicated'. Below this, survey details are listed: FACILITY ID: 12345678000, SIC: 1111, NAICS: 11111, FACILITY NAME: RTK Test Facility, and EMPLOYER NAME: Right to Know Test Employer. A section for 'Instructions' explains how to edit product information and add substances. Below the instructions, there are several buttons: 'Add Product', 'Add Substance', 'Go To Survey Cover', 'Go To Survey List', 'Show All Products', 'Save', 'Delete Product', and 'Validate All'. The 'Add Product' and 'Add Substance' buttons are circled in red. Below the buttons is a table with columns for Product Name, Manufacturer, Purpose, Location, Container, Inventory, Unit, and Employees Exposed. The table contains one entry: 'AAA CLEANER' by 'ABC COMPANY' for 'Cleaning Products-General' in a 'CLOSET' location, in a 'Can' container, with '10 to 99' inventory, 'Pounds - solids' unit, and 12 employees exposed. Below this table is another table with columns for Substance #, Hazardous Chemical Name, CAS Number, DOT Number, Mixture, Special HH Code, and Delete. The table contains one entry: '0006' for 'ACETONE' with CAS Number '67-64-1', DOT Number '1090', Mixture '--Select--', and Special HH Code 'F3,F4'. A sidebar on the left contains navigation links for 'About RTK', 'Survey Facilities', 'Reports for This Survey', 'Survey User Reports', 'Fact Sheets', 'Products', 'Inspections', 'User Management', and 'Logout'.

When you have finished entering all reportable products & hazardous substances (ingredients)

Click on “**Validate All**” to ensure there are no errors or missing information.

myNewJersey x Survey Product List x

Secure | https://www20.state.nj.us/DOH_RTK/SurveyProduct.do?parameter=showSurveyProduct

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: 12345678000 SIC: 1111 NAICS:

FACILITY NAME: RTK Test Facility 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 fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

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	Exposure
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
0006	ACETONE	67-64-1	1090	--Select--	F3,F4	☒

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When you have completed your inventory page(s) and you have “**SAVED**” it Click on “**Go To Survey Cover**” to submit your 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: **12345678000** SIC: **1111** NAICS: **11111**
 FACILITY NAME: **RTK Test Facility** 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 fields. Select then hit enter. (Note: The 'DOT Number' and 'Special HH Code' fields for substances are not updateable.)

Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
AAA CLEANER	ABC COMPANY	Cleaning Products-General	CLOSET	Can	10 to 99	Pounds - solids	12

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
1809	1,1,2,2-TETRACHLOROETHANE	79-34-5	1702	10 to 24%	CA	<input type="checkbox"/>
1043	ISOBUTYL ALCOHOL	78-83-1	1212	60 to 69%	F3	<input type="checkbox"/>
1091	KEROSENE	8008-20-6	1223	80 to 89%		<input type="checkbox"/>
0006	ACETONE	67-64-1	1090	10 to 24%	F3,F4	<input type="checkbox"/>

Ready To Submit Your Survey??

Click on "Submit"

The Official Web Site for myNewJersey Survey Details

Secure https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit

STATE OF NEW JERSEY DEPARTMENT OF HEALTH **NJ Health**
New Jersey Department of Health

RIGHT TO KNOW SURVEY

Survey Year
(Meets requirements of the Workplace S)

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	(A) Facility Location
12345678000	1111 / 11111	1111		7/15/2018	135 EAST STATE STREET

Facility Mailing Address:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE 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 *
100
Number of employees exposed or potentially exposed to hazardous chemicals at this facility *
60

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

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

F. Employer Email Address *
RTK@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 01/19/2018 Signature *
Certifier Title * rtkadministrator Telephone Number * 609-292-7216 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 * 609-345-6789
Department Name * STATE POLICE
Address * 1 ROCKY ROAD
City * TRENTON
State *, Zip * NJ 09876

FIRE DEPARTMENT:
Telephone Number * 609-888-7565
Department Name * STATE FIRE DEPARTMENT
Address * 12 FIREBALL WAY
City * TRENTON
State *, Zip * NJ 09876

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 BOB YEST Union Address 56 ELM STREET
Union Name (Abbrev) CWA Local Number 1046 City PHILADELPHIA

Not Ready To Submit Your Survey??

Click on “**Save**” and you can return to continue completing your survey at a later time.

IMPORTANT NOTE: To ensure data is not lost, be sure to “**SAVE**” your work often and whenever you leave your computer idle for more than a few minutes.

The screenshot shows the 'Right to Know Survey' interface. The browser address bar indicates the URL: https://www20.state.nj.us/DOH_RTK/SurveyCover.do?parameter=editSurvey&surveyNumber=50222&grp=1&mode=edit. The page header includes the State of New Jersey Department of Health logo and the 'NJ Health' logo. The main title is 'RIGHT TO KNOW SURVEY'.

The 'Survey Year' is 2018. The 'Save' button is circled in red. The form contains the following sections:

- About RTK**: About RTK
- Survey Facilities**: Search Facilities
- Reports for This Survey**: Inventory by Product, Inventory by Chemical
- Survey User Reports**
- Fact Sheets**: English Fact Sheets, Spanish Fact Sheets
- Inspections**: Search Inspections, Create Inspection
- 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

The main form content includes:

- Survey Year**: (Meets requirements of the Workplace survey)
- Facility Information Table**:

Facility ID	SIC / NAICS	Co / Mun	Due Date	(A) Facility Location
12345678000	1111 / 11111	1111	7/15/2018	135 EAST STATE STREET
- Facility Mailing Address**:

RTK Test Facility
ATTN RTK COORDINATOR
135 EAST STATE STREET
TRENTON NJ 08625
- Questions and Answers**:
 - 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 *
Office
 - C.** Number of Employees at this facility *
100
Number of employees exposed or potentially exposed to hazardous chemicals at this facility *
60
 - E.** Are you reporting Products with Unknown Ingredients? *
 Yes No
 - F.** Employer Email Address *
RTK@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 01/19/2018 Signature *
Certifier Title * rtkadministrator Telephone Number * 609-292-7216 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 * 609-345-6789	Telephone Number * 609-888-7565
Department Name * STATE POLICE	Department Name * STATE FIRE DEPARTMENT
Address * 1 ROCKY ROAD	Address * 12 FIREBALL WAY
City * TRENTON	City * TRENTON
State *, Zip * NJ 09876	State *, Zip * NJ 09876
- 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 BOB YEST Union Address 56 ELM STREET
Union Name (Abbrev) CWA Local Number 1046 City PHILADELPHIA

Once your survey is submitted you will not be able to make changes!!

You will be able to view and print your survey

myNewJersey x Survey Lists x

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STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

NJHealth
New Jersey Department of Health

About RTK Facility and Surveys:

About RTK Facility ID: 12345678000 Facility Name: RTK Test Facility 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
2018	Not Started								
2017	Submitted				Yes	rtkadministrator	01/19/2018	rtkadministrator	01/24/2018
2016	Submitted				No	rtkadministrator	06/16/2017	rtkadministrator	06/16/2017
2015	Not Started				Yes	rtkadministrator	09/29/2015	rtkadministrator	01/07/2016
2014	Not Started				Yes	rtkadministrator	03/03/2015	rtkadministrator	09/29/2015
2013	Submitted				Yes	miday	05/14/2014	rtkadministrator	05/20/2014

To View Submitted Survey ... Click Here

Fact Sheets: English Fact Sheets, Spanish Fact Sheets

Inspections: Search Inspections, Create Inspection

User Management: List Survey Users, Search Survey Users, Add Survey User, List View-Access Users, Search View-Access Users, Add View-Access User

Logout

Assigning Surveys to others to complete

- Only the ERRO (Employer Responsible RTK Official) can assign others RTK surveys to complete.
- Surveys can be assigned
 - to another employee
 - to a consultant
 - to more than one person if necessary

To assign a facility survey to someone else to complete
Click on “Add User” Under the “User Management” Section

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 - 6 Records

EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2017 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Submitted	Active	Surveys
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	none	Ongoing	Active	Surveys
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Submitted	Active	Surveys
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	none	Ongoing	Active	Surveys
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	none	Ongoing	Active	Surveys
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	none	Not Started	Active	Surveys

User Management
Add User

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4:15 PM
6/3/2014

Under “**Role**” click on “**Facility Survey Coordinator**” or “**Employer Consultant**”



STATE OF NEW JERSEY
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RIGHT TO KNOW SURVEY



About RTK

Add User

Survey Facilities

Search Facilities

Survey User Reports

Chemicals Present By Locality
 Chemicals Present By EIN

Fact Sheets

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Search Inspections
 Create Inspection

User Management

Add

List Survey Users
 Search Survey Users
 Add Survey User
 List View-Access Users
 Search View-Access Users
 Add View-Access User

* Multi-EIN Roles Only
 ** Multi-EIN ERRO Only

Logout

Logout

EIN	12345678	User Login Name	
Role	Facility Survey Coordinator	Company Name *	Add New Company (Use field below) **
Multi-EIN Type *	Not Applicable		
User Facility	12345678009-RTK - Test Facility #8 12345678015-RTK TEST FACILITY # 14 12345678016-RTK TEST FACILITY # 15 12345678017-RTK TEST FACILITY # 16 12345678018-RTK TEST FACILITY # 17 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678008-RTK TEST FACILITY # 7 12345678010-RTK TEST FACILITY #10 12345678012-RTK TEST FACILITY #12 - CHEMISTRY 12345678013-RTK TEST FACILITY #13 - COMMUNITY	Get Facilities >> <<	
First Name		Last Name	
Title		Status	Active
E-Mail		Comments	

Complete all new user information:

User Login Name, First, Last name, Title, Email

The screenshot shows a web browser window with the URL https://www20.state.nj.us/DOH_RTK/userAdd.do?method=user. The page header includes the State of New Jersey Department of Health logo and the text "RIGHT TO KNOW SURVEY". The main content area is titled "Add User" and contains a form with the following fields:


EIN	12345678	User Login Name	<input type="text"/>
User Facility	12345678003-RTK Test Facility #3 - Convention Center 12345678000-RTK Test Facility 12345678004-RTK Test Facility # 4 - DPW GARAGE 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678001-RTK Unit - Test Facility #1 12345678002-RTK TEST FACILITY #2	Role	Facility Survey Coordinator
First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Status	Active
E-Mail	<input type="text"/>	Comments	<input type="text"/>

Red boxes highlight the User Login Name, First Name, Last Name, and E-Mail fields. The "Add" button is located at the bottom left of the form.

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3:18 PM
5/30/2014

Highlight the facilities you want to transfer by left clicking on your mouse and dragging it over the facility name until it is highlighted:

Then click on the  key.

This will assign the chosen facilities to new user



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RIGHT TO KNOW SURVEY

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New Jersey Department of Health

About RTK

Add User

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

EIN	12345678	User Login Name	
		Role	Facility Survey Coordinator
User Facility	12345678003-RTK Test Facility #3 - Convention Center 12345678000-RTK Test Facility 12345678004-RTK Test Facility # 4 - DPW GARAGE 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678001-RTK Unit - Test Facility #1 12345678002-RTK TEST FACILITY #2	 	
First Name		Last Name	
Title		Status	Active
E-Mail		Comments	

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3:21 PM
5/30/2014

Check that the highlighted facilities have moved from the left box to the right box.

The screenshot shows a web browser window with the URL https://www20.state.nj.us/DOH_RTK/userAdd.do. The page title is "State of New Jersey" and the user is logged in as "User Details". 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 titled "Add User" and contains a form with the following fields:

EIN	12345678	User Login Name	
Role		Facility Survey Coordinator	
User Facility	12345678003-RTK Test Facility #3 - Convention Center 12345678002-RTK TEST FACILITY #2 12345678000-RTK Test Facility	>> <<	12345678004-RTK Test Facility # 4 - DPW GARAGE 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678001-RTK Unit - Test Facility #1
First Name		Last Name	
Title		Status	Active
E-Mail		Comments	

The right column of the "User Facility" field contains highlighted facilities. A blue arrow points from a text box to this column. The text box contains the following text:

Highlighted Facilities should have moved to the right hand side under "Facility Coordinator"

At the bottom of the page, there is a footer with the text: "This system is restricted to authorized users. Random audits are rou... Copyright © 2013 New Jersey Department of Health. All Rights Re...". The system clock shows 3:25 PM on 5/30/2014.

When you have finished moving the selected surveys

Click on “Add”

The system will now send an e-mail to this person with an “Authorization Code” for them to enter into their *myNewJersey* Portal Account

The screenshot shows a web browser window with the URL https://www20.state.nj.us/DOH_RTK/userAdd.do. The page header includes the State of New Jersey Department of Health logo and the text "RIGHT TO KNOW SURVEY". The main content area is titled "Add User" and contains a form with the following fields:

EIN	12345678	User Login Name	
		Role	Facility Survey Coordinator
User Facility	12345678003-RTK Test Facility #3 - Convention Center 12345678002-RTK TEST FACILITY #2 12345678000-RTK Test Facility	>> <<	12345678004-RTK Test Facility # 4 - DPW GARAGE 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678001-RTK Unit - Test Facility #1
First Name		Last Name	
Title		Status	Active
E-Mail		Comments	

The "Add" button is circled in red.

This system is restricted to authorized users. Random audits are routinely performed.
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To remove a person from being able to access a survey they were once assigned:

Find the person by clicking on **List Users** or **User Search**, Under “User Management”

Click on the person’s name to open their “User Login Details”

Click on Status Arrow and change from “Active” to “INACTIVE”

Click on “Add”

The screenshot displays the 'Add User' form in the 'RIGHT TO KNOW SURVEY' application. The form includes fields for EIN (12345678), User Facility (a list of facilities), User Login Name, Role (Facility Survey Coordinator), First Name, Last Name, Title, E-Mail, and Status. The Status dropdown menu is open, showing 'Active' and 'InActive' options. The 'Add' button is located at the bottom of the form. The 'User Management' sidebar on the left has 'List Users' and 'User Search' circled in red. The 'Add' button is also circled in red. The 'Status' dropdown menu is circled in red, with 'InActive' highlighted.



EIN	12345678	User Login Name	
		Role	Facility Survey Coordinator
User Facility	12345678003-RTK Test Facility #3 - Convention Center 12345678000-RTK Test Facility 12345678004-RTK Test Facility # 4 - DPW GARAGE 12345678005-RTK TEST FACILITY # 5 - RECREATION 12345678001-RTK Unit - Test Facility #1 12345678002-RTK TEST FACILITY #2	>> <<	
First Name		Last Name	
Title		Status	Active
E-Mail		Comments	Active InActive

This system is restricted to authorized users. Random audits are routinely performed.
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To log out of the system click on **Logout**

myNewJersey x Facility Search x

Secure | https://www20.state.nj.us/DOH_RTK/facilitySearch.do

 **STATE OF NEW JERSEY DEPARTMENT OF HEALTH** 

RIGHT TO KNOW SURVEY

Facility Search

About RTK

- About RTK

Survey Facilities

- Search Facilities

Survey User Reports

- Chemicals Present By Locality
- Chemicals Present By EIN

Fact Sheets

Inspections

- Search Inspections
- Create Inspection

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

Facility Search Form:

EIN:* Facility Id:*

Facility Name: Facility Address:

Facility City: Facility Zip:

County Code: SIC: NAICS:

COMU Code: Latest Survey Year:

Facilities List - 19 Records

EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2017 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Ongoing	Active	Surveys
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	none	Not Applic	InActive	Surveys
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	User	Not Applic	InActive	Surveys
12345678	12345678006	RTK TEST FACILITY #6 - HIGH SCHOOL	Cape May	User	Not Applic	InActive	Surveys
12345678	12345678007	RTK TEST FACILITY #6 - MAINTENANCE SHOP	Burlington	User	Not Applic	InActive	Surveys
12345678	12345678008	RTK TEST FACILITY # 7	Mercer	User	Not Applic	InActive	Surveys
12345678	12345678009	RTK - Test Facility #8	Atlantic	User	Not Applic	InActive	Surveys

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