

**Worker and Community Right to Know Act  
EMPLOYER OUTREACH SURVEY**

|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |
|---------------------------------------|--|---------------|--------------|--|--|------------------|--|--|--|--|--|--|
| Name of Employer                      |  | Telephone No. | NJEIN NUMBER |  |  |                  |  |  |  |  |  |  |
|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |
| Street Address, City, State, Zip Code |  |               |              |  |  |                  |  |  |  |  |  |  |
| Contact Person                        |  |               |              |  |  | Title            |  |  |  |  |  |  |
|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |
| Union Name/Local Number               |  |               |              |  |  |                  |  |  |  |  |  |  |
|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |
| Union Representative                  |  |               |              |  |  |                  |  |  |  |  |  |  |
|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |
| Union Address                         |  |               |              |  |  | Telephone Number |  |  |  |  |  |  |
|                                       |  |               |              |  |  |                  |  |  |  |  |  |  |

|          |  |  |  |
|----------|--|--|--|
| SIC Code |  |  |  |
|          |  |  |  |

|             |  |  |  |
|-------------|--|--|--|
| Co/Mun Code |  |  |  |
|             |  |  |  |

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| NAICS Code |  |  |  |  |  |
|            |  |  |  |  |  |

|                           |  |  |  |  |  |
|---------------------------|--|--|--|--|--|
| Total Number of Employees |  |  |  |  |  |
|                           |  |  |  |  |  |

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| Total Number of Exposed Employees |  |  |  |  |  |
|                                   |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Contact Dates  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Method:<br><input type="checkbox"/> Phone<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Mail |  |  |  |  |  | Method:<br><input type="checkbox"/> Phone<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Mail |  |  |  |  |  | Method:<br><input type="checkbox"/> Phone<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Mail |  |  |  |  |  |

|   |
|---|
| Type of Business Conducted at This Site |
|   |

|          |
|----------|
| Comments |
|          |

| Review of Forms and Materials With Employer | Employer Has? |    |     | Needs? |    | Number Needed | Sent? Yes | Date Sent |
|---|---------------|----|-----|--------|----|---------------|-----------|-----------|
|   | Yes           | No | N/A | Yes    | No |               |           |           |
| RTK Survey                                  |               |    |     |        |    |               |           |           |
| RTK Regulations - NJDOH                     |               |    |     |        |    |               |           |           |
| RTK Hazardous Substance List                |               |    |     |        |    |               |           |           |
| Hazardous Substance Fact Sheets-English     |               |    |     |        |    |               |           |           |
| Hazardous Substance Fact Sheets-Spanish     |               |    |     |        |    |               |           |           |
| RTK Brochures-English                       |               |    |     |        |    |               |           |           |
| RTK Brochures-Spanish                       |               |    |     |        |    |               |           |           |
| RTK Posters-English                         |               |    |     |        |    |               |           |           |
| RTK Posters-Spanish                         |               |    |     |        |    |               |           |           |
| Other                                       |               |    |     |        |    |               |           |           |

|                                       |  |  |  |  |  |                                    |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| Name of County Representative (Print) |  |  |  |  |  | Signature of County Representative |  |  |  |  |  |
|                                       |  |  |  |  |  |                                    |  |  |  |  |  |
| County Lead Agency                    |  |  |  |  |  | Date                               |  |  |  |  |  |
|                                       |  |  |  |  |  |                                    |  |  |  |  |  |