

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:
 - (Preferred) Send RTK an e-mail at rtksurvey@doh.nj.gov RTK or 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***

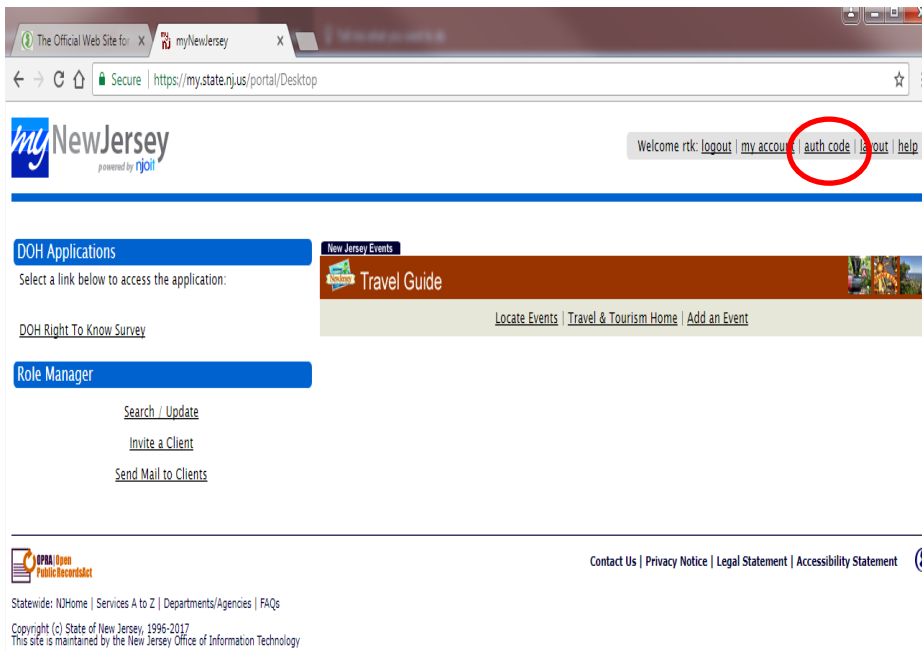
Follow instructions provided online

The screenshot shows a web browser window displaying the official website for the State of New Jersey. The browser's address bar shows 'nj.gov'. The website header includes the state seal and the text 'The Official Website for The State of New Jersey'. Navigation links for Governor Phil Murphy and Lt. Governor Sheila Oliver are present, along with links for 'NJ Home', 'Services A to Z', 'Departments/Agencies', and 'FAQs'. A blue navigation bar contains various service categories: 'NJ.gov', 'About NJ', 'Business', 'Community & Wellness', 'Education', 'Employment', 'Government', 'Public Safety & Security', 'Things to do in NJ', and 'Transportation & Motor Vehicles'. The 'Login | Register' link is highlighted with a red circle. Below the navigation bar is a large banner image of a person holding a smartphone displaying the website's mobile interface. The banner text reads: 'Welcome to the New NJ.gov! 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 carousel items: '9-1-1 in an emergency:', 'if you SEEICAV', and a partially visible 'OF THE STATE' logo. The Windows taskbar at the bottom shows the time as 12:07 PM on 1/19/2018.

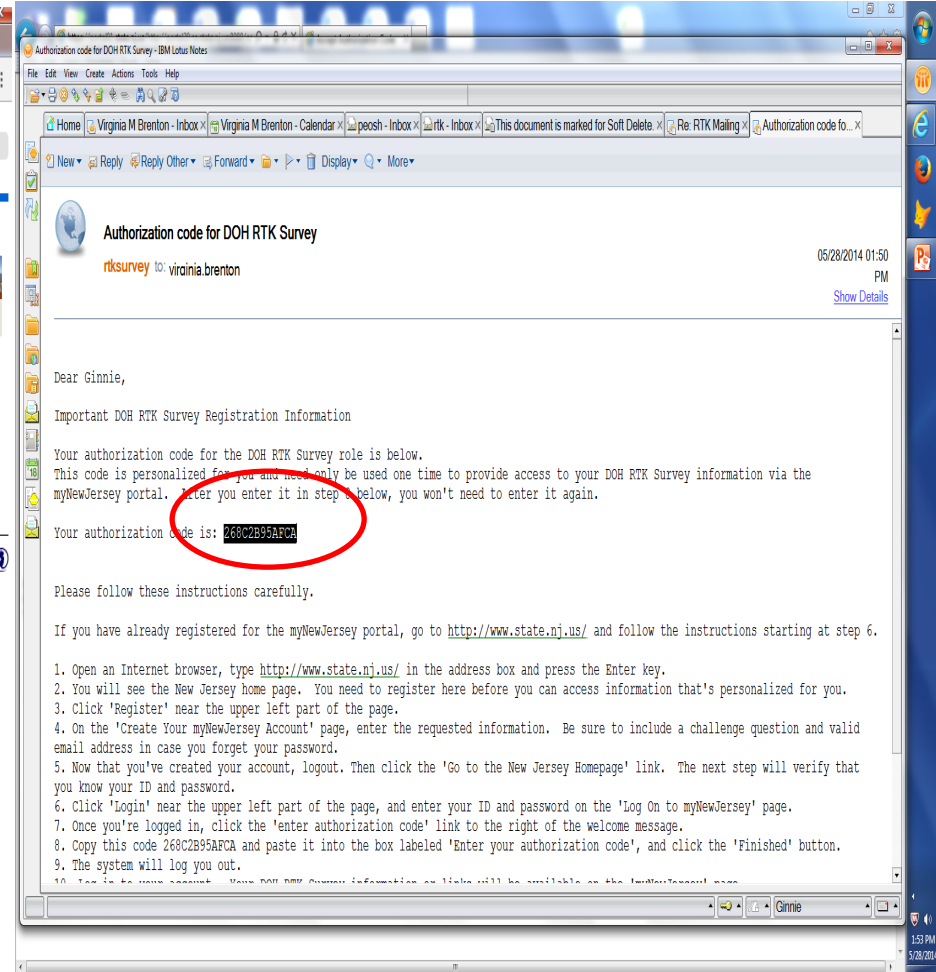
Once you are logged into the *myNewJersey* Portal:

Click on “auth code”

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



The screenshot shows the myNewJersey portal homepage. The top navigation bar includes links for "Welcome rtk:", "logout", "my account", "auth code" (circled in red), "logout", and "help". Below the navigation bar, there are sections for "DOH Applications", "DOH Right To Know Survey", and "Role Manager". The "Role Manager" section includes links for "Search / Update", "Invite a Client", and "Send Mail to Clients". At the bottom of the page, there is a footer with the text "Contact Us | Privacy Notice | Legal Statement | Accessibility Statement" and a small "OPRA / Open Public Record Act" logo.



The screenshot shows an email from "rtksurvey" to "virginia.brenton". The subject is "Authorization code for DOH RTK Survey". The email content includes:

Dear Ginnie,

Important DOH RTK Survey Registration Information

Your authorization code for the DOH RTK Survey role is below. This code is personalized for you and need only be used one time to provide access to your DOH RTK Survey information via the myNewJersey portal. After you enter it in step 8 below, you won't need to enter it again.

Your authorization code is: **268C2B95AFCA** (circled in red)

Please follow these instructions carefully.

If you have already registered for the myNewJersey portal, go to <http://www.state.nj.us/> and follow the instructions starting at step 6.

1. Open an Internet browser, type <http://www.state.nj.us/> in the address box and press the Enter key.
2. You will see the New Jersey home page. You need to register here before you can access information that's personalized for you.
3. Click 'Register' near the upper left part of the page.
4. On the 'Create Your myNewJersey Account' page, enter the requested information. Be sure to include a challenge question and valid email address in case you forget your password.
5. Now that you've created your account, logout. Then click the 'Go to the New Jersey Homepage' link. The next step will verify that you know your ID and password.
6. Click 'Login' near the upper left part of the page, and enter your ID and password on the 'Log On to myNewJersey' page.
7. Once you're logged in, click the 'enter authorization code' link to the right of the welcome message.
8. Copy this code 268C2B95AFCA and paste it into the box labeled 'Enter your authorization code', and click the 'Finished' button.
9. The system will log you out.
10. Log in to your account. Your DOH RTK Survey information and links will be available on the myNewJersey page.

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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This site is maintained by the New Jersey Office of Information Technology

Click on “All Facilities, My Employer” to begin

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

State of New Jersey RTK Home

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

NJHealth
New Jersey Department of Health

About RTK

Welcome to the New Jersey Department of Health, Right to Know Program electronic survey filing system.

Facilities

All Facilities, My Employer

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.)

Search Facilities

Fact Sheets

English Fact Sheets

Spanish Fact Sheets

User Management

List Users

User Search

Add User

Logout

Logout

This system is restricted to authorized users. Random audits are routinely performed.
Copyright © 2013 New Jersey Department of Health. All Rights Reserved.

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 shows the 'Facility Search' page on the NJ Department of Health website. The page includes a search form with fields for EIN, Facility Name, City, County, and ZIP. Below the form is a table of 19 facilities. The table has columns for EIN, Facility ID, Facility Name, County, Hazardous Chemicals Reported, 2017 Survey Status, Facility Status, and Surveys. The 'Facility Status' column is circled in red, and a red arrow points to the 'Surveys' link in the first row.

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

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






Click on the  to open the survey and start to complete it.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

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

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

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

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

Airport

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 *	<input type="text" value="rtk Administrator"/>	Date Certified	<input type="text" value="01/19/2018"/>	Signature *	<input checked="" type="checkbox"/>
Certifier Title *	<input type="text" value="rtkadministrator"/>	Telephone Number *	<input type="text" value="609-292-7216"/>	Ext.	<input type="text"/>

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 *	<input type="text" value="609-345-6789"/>	Telephone Number *	<input type="text" value="609-888-7565"/>
Department Name *	<input type="text" value="STATE POLICE"/>	Department Name *	<input type="text" value="STATE FIRE DEPARTMENT"/>
Address *	<input type="text" value="1 ROCKY ROAD"/>	Address *	<input type="text" value="12 FIREBALL WAY"/>
City *	<input type="text" value="TRENTON"/>	City *	<input type="text" value="TRENTON"/>
State *, Zip *	<input type="text" value="NJ 09876"/>	State *, Zip *	<input type="text" value="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	<input type="text" value="BOB YEST"/>	Union Address	<input type="text" value="56 ELM STREET"/>
Union Name (Abbrev)	<input type="text" value="CWA"/>	Local Number	<input type="text" value="1046"/>
City	<input type="text" value="PHILADELPHIA"/>	State Zip	<input type="text" value="PA 19876"/>

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 Official Web Site for x myNewJersey x Survey Details x

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 (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	Exp 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.

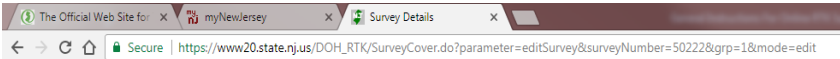
H. POLICE AND FIRE DEPARTMENTS
Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.
(Do NOT list 911 as the phone number)

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

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

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 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](#)

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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 Survey Details Survey Unions

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)

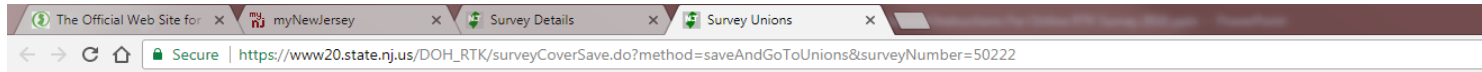
FACILITY ID: 12345678000 SIC: 1111 NAICS: 11111
FACILITY NAME: RTK Test Facility EMPLOYER NAME: Right to Know Test Employer

Union Information [Add A Union](#) [Save](#) [Save and Return to Survey](#)

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

* 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

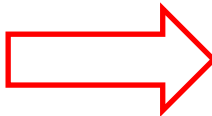
(To Be Completed Only When There is More Than One Union At A Facility)

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

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(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: 1111
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

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" under the "STATE OF NEW JERSEY DEPARTMENT OF HEALTH" logo. The "NJ Health" logo is also present.

The main content area is titled "Survey Year (Meets requirements of the Workplace Survey)". Below this, there are navigation buttons: "Save", "Save And Go To List", "Submit", "Save And Go To Inventory" (circled in red), and "Printable Survey".

The form contains several sections:

- Facility Information:** Facility ID (12345678000), SIC / NAICS (1111 / 11111), County (1111), Due Date (7/15/2018), and Facility Location (135 EAST STATE STREET).
- Facility Mailing Address:** RTK Test Facility, ATTN RTK COORDINATOR, 135 EAST STATE STREET, TRENTON NJ 08625.
- Employee Information:** 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).
- Operations:** D. Indicate the nature of the operations conducted at this facility * (Office). E. Are you reporting Products with Unknown Ingredients? * (Yes/No).
- CERTIFICATION OF RESPONSIBLE OFFICIAL:** G. 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 * (checked), Certifier Title * (rtkadministrator), Telephone Number * (609-292-7216).
- POLICE AND FIRE DEPARTMENTS:** H. 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).
- UNION REPRESENTATIVE *:** I. 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 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
--------------	--------------	---------	----------	-----------	-----------	------	-------------------

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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
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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.)

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**

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

Logout
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.”

The screenshot shows the 'RIGHT TO KNOW SURVEY' interface. The top navigation bar includes the NJ Department of Health logo and the 'NJ Health' logo. The main content area is titled 'Survey Year' and includes a form for entering survey details. The form fields are:

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

Below the form, there are instructions for editing and adding substances. The 'Add Substance' button is circled in red. Below the instructions is a table of products:

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

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 x Survey Product List x

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

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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”

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.)

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

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
0006	ACETONE	67-64-1	1090	--Select--	F3,F4	<input type="checkbox"/>

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”

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: 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
0006	ACETONE	67-64-1	1090	--Select--	F3,F4	

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

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

The screenshot shows the 'Right to Know Survey' interface. At the top, there are logos for the State of New Jersey Department of Health and NJ Health. The main heading is 'RIGHT TO KNOW SURVEY' with a sub-heading 'Survey Year (Meets requirements of the Workplace Survey)'. 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'. The main content area contains a form with the following fields: FACILITY ID: 12345678000, SIC: 1111, NAICS: (blank), FACILITY NAME: RTK Test Facility, EMPLOYER NAME: Right to Know Test Employer. Below the form is a table of products:

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

Below the product table is another table for hazardous chemicals:

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

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

When you have completed your inventory page(s) and you have “**SAVED**” it Click on “**Go To Survey Cover**” to submit your survey.

myNewJersey x Survey Product List x

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

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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.)

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
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	8006-20-6	1223	80 to 89%		<input type="checkbox"/>
0006	ACETONE	67-64-1	1090	10 to 24%	F3,F4	<input type="checkbox"/>

This system is restricted to authorized users. Random audits are routinely performed.
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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
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NJHealth
New Jersey Department of Health

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

Logout

- Logout

Survey Year
(Meets requirements of the Workplace)

Please fill in fields as indicated

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

Facility ID	SIC / NAICS	Com 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 *
Office
Other Nature of Operations:

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
[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 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
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NJ Health
New Jersey Department of Health

About RTK

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

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

Other Nature of Operations:

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
[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

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

Secure | https://www20.state.nj.us/DOH_RTK/surveyCoverSave.do?method=Submit

STATE OF NEW JERSEY DEPARTMENT OF HEALTH RIGHT TO KNOW SURVEY

About RTK 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
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

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”



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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	

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

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, Title, and E-Mail fields. The "Add" button is located at the bottom left of the form.

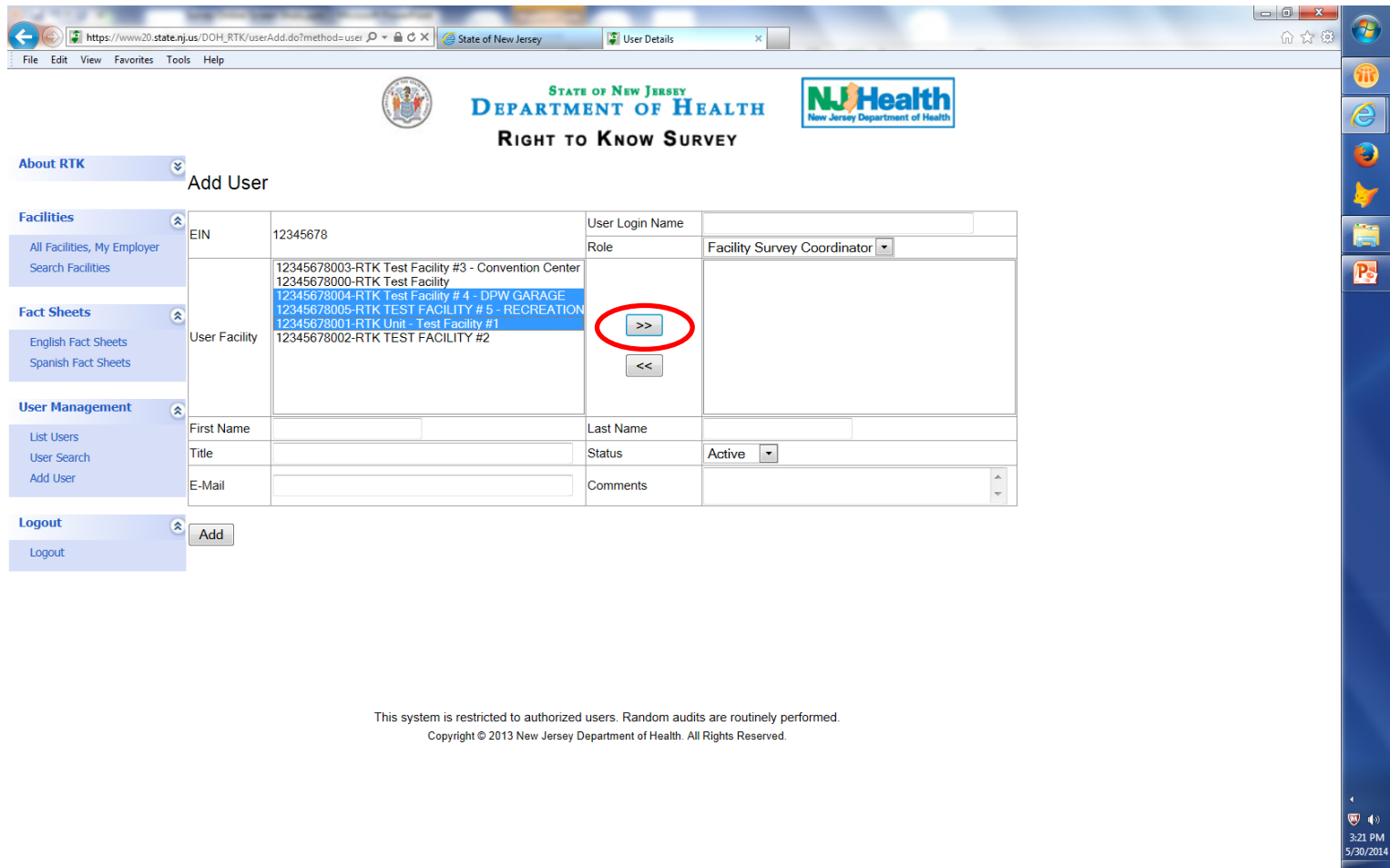
This system is restricted to authorized users. Random audits are routinely performed.
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3:18 PM
5/30/2014

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



https://www20.state.nj.us/DOH_RTK/userAdd.do?method=user

State of New Jersey

User Details

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STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

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

The screenshot shows the 'Add User' form in the 'Right to Know Survey' system. The form is divided into several sections:

- 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

The main form fields are:

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	

A blue arrow points from the highlighted facilities in the right-hand box to a red-bordered text box at the bottom right.

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

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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 title is "State of New Jersey" and the browser tab is "User Details". The page content includes the State of New Jersey Department of Health logo and the "RIGHT TO KNOW SURVEY" title. The main heading is "Add User".

The form contains the following fields and options:

- EIN:** 12345678
- User Login Name:** (empty text box)
- Role:** Facility Survey Coordinator (dropdown menu)
- User Facility:** A list of facilities with a ">>" button to move selected items to the right and a "<<" button to move selected items back to the left. The facilities listed are:
 - 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:** (empty text box)
- Last Name:** (empty text box)
- Title:** (empty text box)
- Status:** Active (dropdown menu)
- E-Mail:** (empty text box)
- Comments:** (empty text area)

The "Add" button is circled in red.

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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”

State of New Jersey
DEPARTMENT OF HEALTH
RIGHT TO KNOW SURVEY

NUHealth
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	Active InActive


Add


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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

 **NJ Health**
New Jersey Department of Health

RIGHT TO KNOW SURVEY

Facility Search

About RTK
Survey Facilities
Survey User Reports
Fact Sheets
Inspections
User Management
Logout

Facility Search

EIN:* 12345678 Facility Id:*
Facility Name: Facility Address:
Facility City: Facility Zip:
County Code: Select County SIC: NAICS:
COMU Code: Select Municipality Latest Survey Year: Year

Search

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

1

Logout

If you have questions or need help

- *(Preferred)* Send us an e-mail at rtnksurvey@doh.nj.gov
- Please call us at (609) 984-2202