

# NJ Department of Health 2017 RTK Survey Instructions

January 2018

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

Microsoft Word - 0344... x The Official Web Site for x

www.nj.gov/nj/index.shtml

The Official Website for  
The State of New Jersey

Governor Phil Murphy • Lt. Governor Sheila Oliver

NJ Home | Services A to Z | Departments/Agencies | FAQs

NJ.gov About NJ Business Community & Wellness Education Employment Government Public Safety & Security Things to do in NJ Transportation & Motor Vehicles

Login | Register

## Starting a Business in New Jersey

The NJ Business Action Center offers all of the information you need to get started.

### Spotlights

NEW JERSEY GOVERNOR

9-1-1 in an emergency:

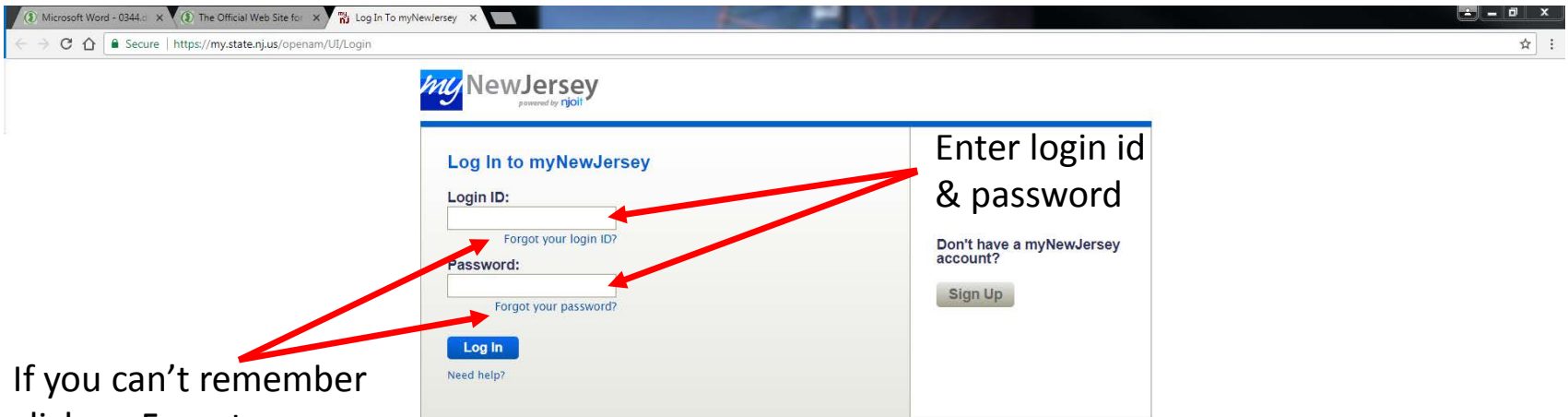
if you SEE SAY

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

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

The screenshot displays the official website for the State of New Jersey. At the top, the browser address bar shows the URL [www.nj.gov/nj/index.shtml](http://www.nj.gov/nj/index.shtml). The page header features the state seal and the text "The Official Website for The State of New Jersey", along with the names of Governor Phil Murphy and Lt. Governor Sheila Oliver. A navigation menu includes links for "NJ Home", "Services A to Z", "Departments/Agencies", and "FAQs". Below the navigation menu, a blue banner contains the text "Login | Register", with "Login" circled in red. A large image of a city skyline over water with ice is featured, with a white box containing the text "Starting a Business in New Jersey" and "The NJ Business Action Center offers all of the information you need to get started." Below this is a "Spotlights" section with four promotional banners: "NEW JERSEY GOVERNOR", "9-1-1 in an emergency:", "Your Money", and "if you SEE SAY".

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



If you can't remember click on Forgot your logon ID or Forgot your password

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

The screenshot shows a web browser window with the URL <https://my.state.nj.us/portal/Desktop>. The page header includes the "my New Jersey" logo (powered by rjoi) and a user welcome message: "Welcome rtk: [logout](#) | [my account](#) | [auth code](#) | [layout](#) | [help](#)".

The main content area is divided into two columns. The left column has a blue header "DOH Applications" and contains the text "Select a link below to access the application:". Below this, the link "DOH Right To Know Survey" is highlighted with a red circle. Other links in this column include "Role Manager", "Search / Update", "Invite a Client", and "Send Mail to Clients".

The right column has a brown header "New Jersey Events" and contains the text "Travel Guide". Below this, there are links for "Locate Events", "Travel & Tourism Home", and "Add an Event".

The footer contains the "OPRA | Open Public Records Act" logo, navigation links for "Statewide: NHome | Services A to Z | Departments/Agencies | FAQs", copyright information "Copyright (c) State of New Jersey, 1996-2017", and a note "This site is maintained by the New Jersey Office of Information Technology". On the right side of the footer, there are links for "Contact Us | Privacy Notice | Legal Statement | Accessibility Statement" and an accessibility icon.

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

https://orion02.oit.state.nj.us/DOH\_RTK/home.do?method=loginVerify

myNewJersey RTK Home

File Edit View Favorites Tools Help

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH

NJ Health  
New Jersey Department of Health

**RIGHT TO KNOW SURVEY**

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

**Survey Facilities**  
This system is for New Jersey Public Employers who are required to complete a Right to Know Survey.  
To begin, in the 'Survey Facilities' menu, either

- Click the 'All Facilities, My Employer' item to obtain a list, in order by Facility ID, of all Facilities for your Employer.
- Click 'Search Facilities' to obtain a Facility Search screen; your search will be limited to your Employer's Facilities.

**Survey User Reports**  
Chemicals Present By EIN  
(If no Survey Facilities menu items are visible, click on the 'Survey Facilities' menu item to open the sub-menu.)

**Fact Sheets**  
English Fact Sheets  
Spanish Fact Sheets

**Inspections**  
Search Inspections

**User Management**  
List Survey Users  
Search Survey Users  
Add Survey User

**Logout**  
Logout

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

Browser address bar: [https://orion02.oit.state.nj.us/DOH\\_RTK/empFacilities.do?parameter=getEmployerFa](https://orion02.oit.state.nj.us/DOH_RTK/empFacilities.do?parameter=getEmployerFa)

Page Title: Employer Facilities

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

### RIGHT TO KNOW SURVEY

About RTK **Employer and Facilities:**


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

Survey Facilities **Facilities List - 19 Records**

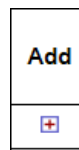
EIN	Facility ID	Facility Name	County	Hazardous Chemicals Reported	2016 Survey Status	Facility Status	Surveys
12345678	12345678000	RTK Test Facility	Mercer	User	Ongoing	Active	<a href="#">Surveys</a>
12345678	12345678001	RTK Unit - Test Facility #1	Mercer	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678002	RTK TEST FACILITY #2	Mercer	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678003	RTK Test Facility #3 - Convention Center	Atlantic	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678004	RTK Test Facility # 4 - DPW GARAGE	Burlington	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678005	RTK TEST FACILITY # 5 - RECREATION CENTER	Camden	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678006	RTK TEST FACILITY #6 - HIGH SCHOOL	Cape May	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678007	RTK TEST FACILITY #6 - MAINTENANCE SHOP	Burlington	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678008	RTK TEST FACILITY # 7	Mercer	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678009	RTK - Test Facility #8	Atlantic	User	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678010	RTK TEST FACILITY #10	Burlington	none	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678011	RTK TEST SURVEY # 11 - DPW GARAGE	Camden	none	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678012	RTK TEST FACILITY #12 - CHEMISTRY LAB	Bergen	none	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678013	RTK TEST FACILITY #13 - COMMUNITY POOL	Atlantic	none	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678014	RTK TEST FACILITY - # 13	Burlington	none	Not Started	Active	<a href="#">Surveys</a>
12345678	12345678015	RTK TEST FACILITY # 14	Atlantic	none	Not Started	Active	<a href="#">Surveys</a>

Page navigation: 1

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

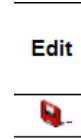


When opening the RTK Survey for the first time, click on the red plus



under the column heading "Add"

When opening the RTK Survey after you have added it you will click on red folder



myNewJersey x Survey Lists x

Secure | https://www20.state.nj.us/DOH\_RTK/surveyList.do?parameter=getSurveysByFacilityId&facilityId=12345678000&grp=1

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

### RIGHT TO KNOW SURVEY

About RTK Facility and Surveys: Facility ID: 12345678000 Facility Name: RTK Test Facility Status: Active

Survey Facilities Return to Facilities List

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

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	mlday	05/14/2014	rtkadministrator	05/20/2014



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

State of New Jersey  
**DEPARTMENT OF HEALTH**  
**RIGHT TO KNOW SURVEY**

Survey Year  
 (Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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

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

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

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

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

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

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

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

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

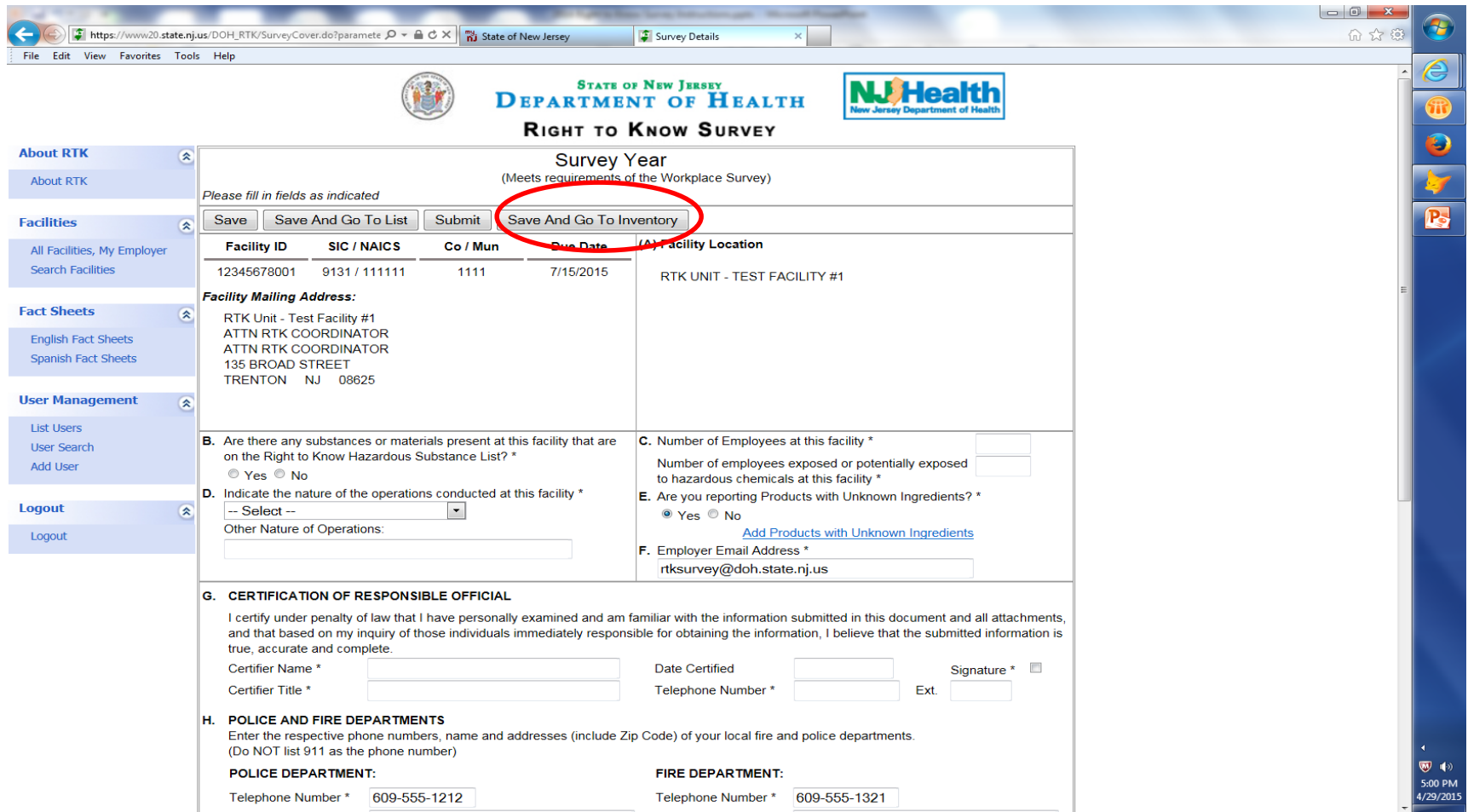
**H. POLICE AND FIRE DEPARTMENTS**  
 Enter the respective phone numbers, name and addresses (include Zip Code) of your local fire and police departments.  
 (Do NOT list 911 as the phone number)

**POLICE DEPARTMENT:** Telephone Number \*

**FIRE DEPARTMENT:** Telephone Number \*

5:00 PM  
 4/29/2015

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



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH  
RIGHT TO KNOW SURVEY

Survey Year  
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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

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

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

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

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

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

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

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

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

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

**POLICE DEPARTMENT:** Telephone Number \* 609-555-1212  
**FIRE DEPARTMENT:** Telephone Number \* 609-555-1321

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

**STATE OF NEW JERSEY DEPARTMENT OF HEALTH**  
**RIGHT TO KNOW SURVEY**

**Survey Year**  
 (Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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


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

Buttons: [Add Product](#) [Return to Survey Cover](#) [Save](#) [Validate All](#)

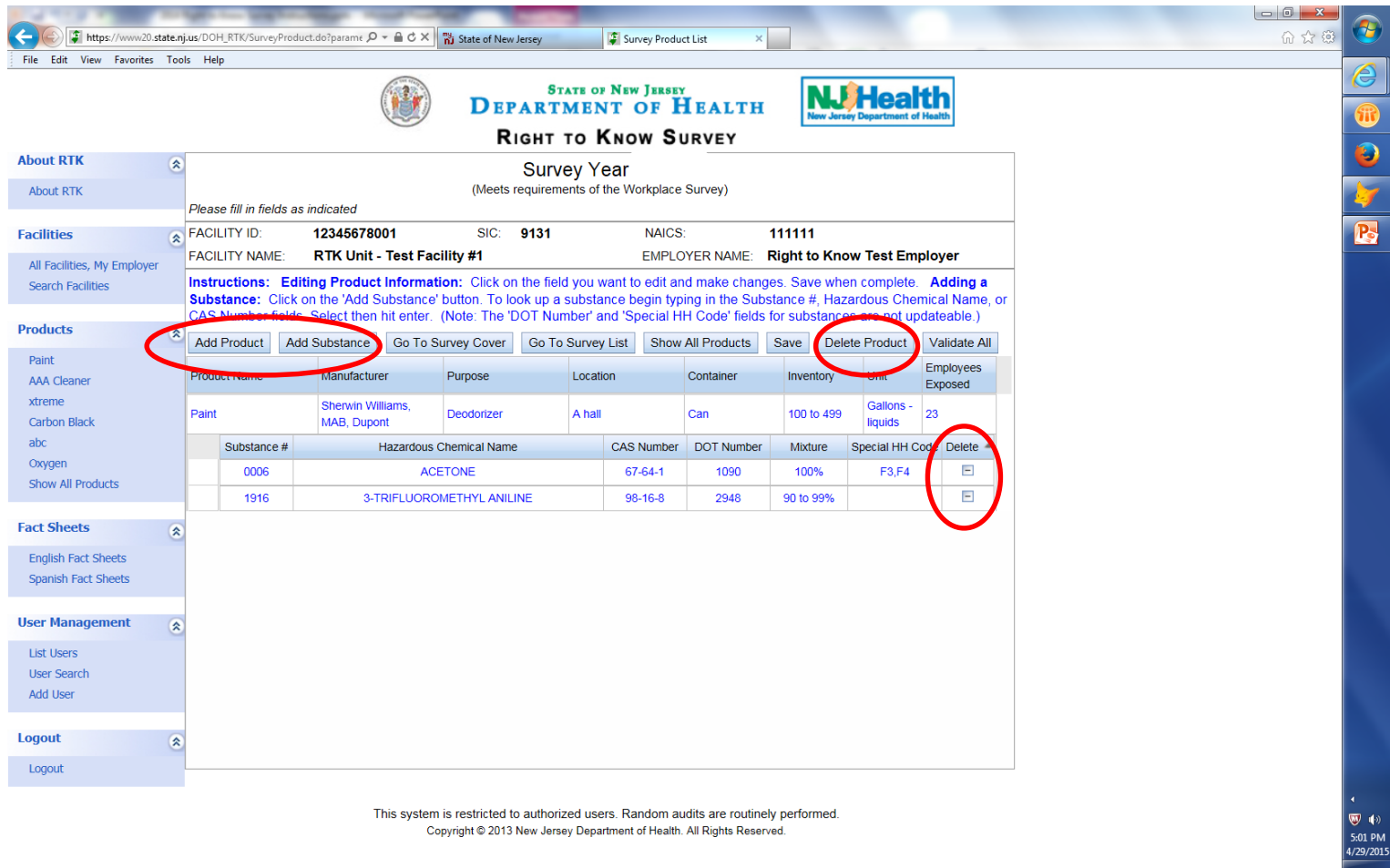
Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
<a href="#">Edit</a> Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23
<a href="#">Edit</a> AAA Cleaner	ABC Company	Cleaning Products-General	closet	Can	10 to 99	Pounds - solids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

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5:01 PM  
 4/23/2015

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

Add Hazardous Chemical Ingredients and or Products by clicking on the "Add Product" / "Add Substance" buttons.



**STATE OF NEW JERSEY DEPARTMENT OF HEALTH**  
**RIGHT TO KNOW SURVEY**

Survey Year  
(Meets requirements of the Workplace Survey)



Please fill in fields as indicated

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

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

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

Product Name	Manufacturer	Purpose	Location	Container	Inventory	Unit	Employees Exposed
Paint	Sherwin Williams, MAB, Dupont	Deodorizer	A hall	Can	100 to 499	Gallons - liquids	23

Substance #	Hazardous Chemical Name	CAS Number	DOT Number	Mixture	Special HH Code	Delete
0006	ACETONE	67-64-1	1090	100%	F3,F4	
1916	3-TRIFLUOROMETHYL ANILINE	98-16-8	2948	90 to 99%		

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

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH  
RIGHT TO KNOW SURVEY

Survey Year  
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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

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

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

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

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Click on "Return to Survey Cover" to submit your RTK Survey

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH  
RIGHT TO KNOW SURVEY

Survey Year  
(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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

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

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

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

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5:01 PM  
4/23/2015

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

Survey Year (Meets requirements of the Workplace Survey)			
Please fill in fields as indicated			
Save Save And Go To List <b>Submit</b> Save And Go To Inventory Printable Survey			
<b>Facility ID</b>	<b>SIC / NAICS</b>	<b>City / Mun</b>	<b>Due Date</b>
12345678001	9131 / 111111	1111	7/15/2015
<b>Facility Mailing Address:</b> RTK Unit - Test Facility #1 ATTN RTK COORDINATOR ATTN RTK COORDINATOR 135 BROAD STREET TRENTON NJ 08625		<b>(A) Facility Location</b> RTK UNIT - TEST FACILITY #1	
<b>B.</b> Are there any substances or materials present at this facility that are on the Right to Know Hazardous Substance List? * <input checked="" type="radio"/> Yes <input type="radio"/> No		<b>C.</b> Number of Employees at this facility * Number of employees exposed or potentially exposed to hazardous chemicals at this facility *	
<b>D.</b> Indicate the nature of the operations conducted at this facility * Garage Other Nature of Operations:		<b>E.</b> Are you reporting Products with Unknown Ingredients? * <input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">Add/Edit Products with Unknown Ingredients</a>	
		<b>F.</b> Employer Email Address * rtksurvey@doh.state.nj.us	
<b>G. CERTIFICATION OF RESPONSIBLE OFFICIAL</b>			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.			
Certifier Name * Certifier Title *		Date Certified Telephone Number *	Signature * <input checked="" type="checkbox"/>
rtk Administrator rtkadministrator		06/03/2015 609-984-2202	Ext.
<b>H. POLICE AND FIRE DEPARTMENTS</b>			
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)			
<b>POLICE DEPARTMENT:</b>		<b>FIRE DEPARTMENT:</b>	
Telephone Number *	Department Name *	Telephone Number *	Department Name *
609-555-1212	Any Police Department	609-555-1321	Any Fire Department
Address *	City *	Address *	City *
1 Main Street	Anytown	2 Main Street	Anytown
State *, Zip *		State *, Zip *	
NJ 08600		NJ 08055	

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

The screenshot shows a web browser window with the URL [https://www20.state.nj.us/DOH\\_RTK/surveyCoverSave.do?method=Submit](https://www20.state.nj.us/DOH_RTK/surveyCoverSave.do?method=Submit). The page header includes the State of New Jersey Department of Health logo and the text "RIGHT TO KNOW SURVEY".

On the left side, there is a navigation menu with sections: About RTK, Survey Facilities, Reports for This Survey, Survey User Reports, Fact Sheets, Inspections, User Management, and Logout.

The main content area is titled "Facility and Surveys:" and displays the following information:

- Facility ID: 12345678000
- Facility Name: RTK Test Facility
- Status: Active
- [Return to Facilities List](#)

Below this information is a "Survey List" table:

Survey Year	Status	Add	Edit	View	Hazardous Chemicals Reported	Created By	Date Created	Last Changed By	Date Last Changed
2018	Not Started								
2017	Submitted				No	rtkadministrator	01/19/2018	rtkadministrator	01/19/2018
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	mday	05/14/2014	rtkadministrator	05/20/2014

Two red arrows point upwards from the bottom of the page to the "View" column of the 2013 and 2014 rows in the table.



# Reports for this survey

(Note: have the survey open)



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH



## RIGHT TO KNOW SURVEY

About RTK

Survey Facilities

All Facilities, My Employer  
Search Facilities

View-Access Facilities

All Assigned Municipalities  
All Assigned Facilities  
Search Facilities

Reports for This Survey

Inventory by Product  
Inventory by Chemical

View-Access Reports

Chemicals Present By Locality

Survey User Reports

Chemicals Present By EIN

Fact Sheets

English Fact Sheets  
Spanish Fact Sheets

Products

Survey Year

(Meets requirements of the Workplace Survey)

Please fill in fields as indicated

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

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

[Add Product](#) [Return to Survey Cover](#) [Save](#) [Validate All](#)

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

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

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



## Survey Inventory By Product Category Report

[Return To Survey](#)

Facility ID: 12345678006

Facility Name: RTK TEST FACILITY #6 - HIGH SCHOOL

Survey Year: 2017

### Setup Screen

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

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

Sort This Report By:

Sort Direction:

[Generate Products Report](#)

# Reports – All facilities

Click “Chemicals Present by EIN” if you are interested of making a list of all your facilities with inventory of a particular chemical

https://www2.state.nj.us/DOH/RTK/home.do?method=loginIndex

myNewJersey RTK Home

File Edit View Favorites Tools Help

NJ School Directory Suggested Sites Survey Lists (3) Survey Lists (2) Survey Lists atdhs - Message from Co... atdhs - The Intranet for ... Department of Health - E... Free Hotmail Web Slice Gallery

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH  
RIGHT TO KNOW SURVEY

NJ Health  
New Jersey Department of Health

**About RTK**

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

**Survey Facilities**

This system is for New Jersey Public Employers who are required to complete a Right to Know Survey.

To begin, in the 'Survey Facilities' menu, either

- Click the 'All Facilities, My Employer' item to obtain a list, in order by Facility ID, of all Facilities for your Employer.
- Click 'Search Facilities' to obtain a Facility Search screen, your search will be limited to your Employer's Facilities.

(If no Survey Facilities menu items are visible, click on the 'Survey Facilities' menu item to open the sub-menu.)

**View-Access Facilities**

This Login provides View-Only Access to Right to Know surveys for all Facilities in the assigned Municipality or Municipalities.

To begin, in the 'View-Access Facilities' menu, either:

- Click 'All Assigned Municipalities' to obtain a list of Assigned Municipalities and a link to list the Facilities in each Municipality.
- Click 'All Assigned Facilities' to obtain a list, in order by Municipality and Facility Name, of all Assigned Facilities.

(If no View-Access Facilities menu items are visible, click on the 'View Access Facilities' menu item to open the sub-menu.)

**Survey User Reports**

Chemicals Present By EIN

**Fact Sheets**

English Fact Sheets  
Spanish Fact Sheets

**User Management**

List Survey Users  
Search Survey Users  
Add Survey User

**Logout**

Logout

# For Example: generate a report of all facilities reporting gasoline in a can

Report: Chemicals Present in Facilities, By EIN Close

Setup Screen

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

EIN

Facility

Survey Year

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

Health Hazard Category

Chemical Percent in Mixture

Product Container Type

Product Quantity (Range)  Unit of Measure

Generate EIN Report

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

- Please call us at (609) 984-2202
- Send us an e-mail at [rtksurvey@doh.state.us](mailto:rtksurvey@doh.state.us)