NJ Department of Health 2018 RTK Survey Instructions

January 2019

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



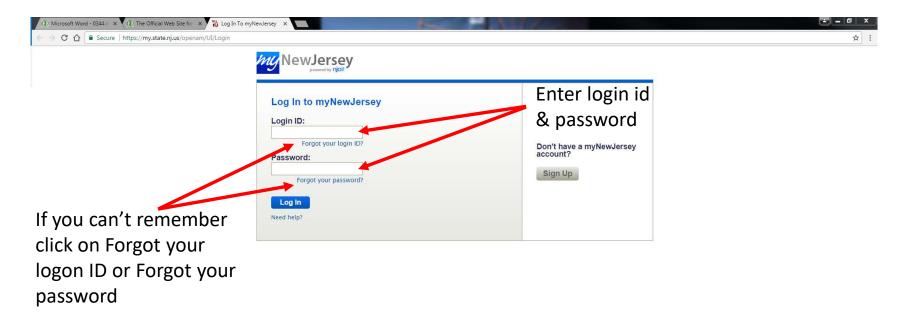
Spotlights

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

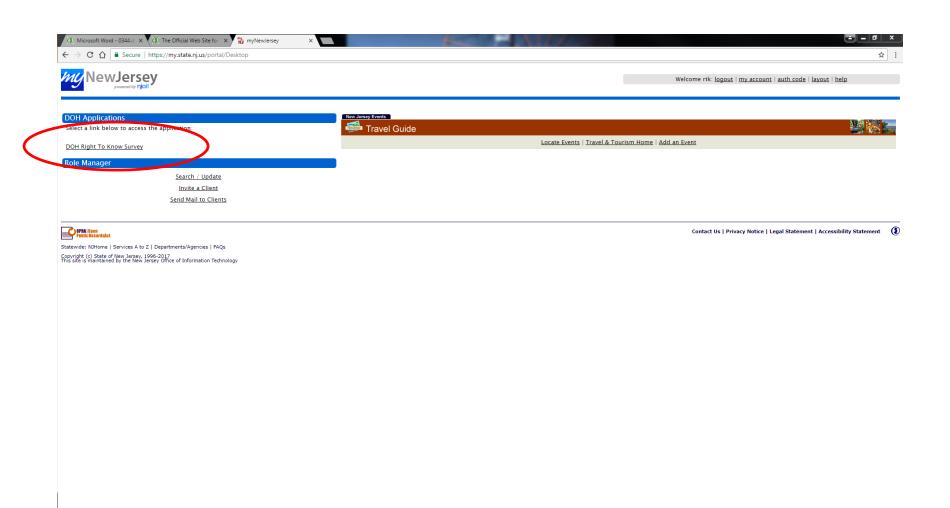
NOTE: If you have not used the RTK Online Survey System before, you will need a myNewJersey portal account and must contact RTK to be added as a user (see "General RTK Survey Instructions").



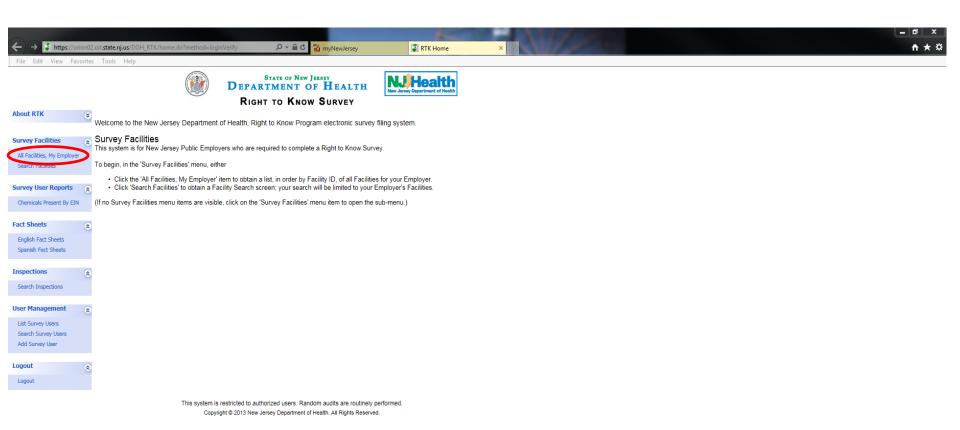
 You must log into the My New Jersey portal account that you accepted the RTK authorization code in. The authorization code was sent to you in an e-mail from rtksurvey when you were added as a user. When you accepted the authorization code it gave you the link to RTK Surveys on your portal page.



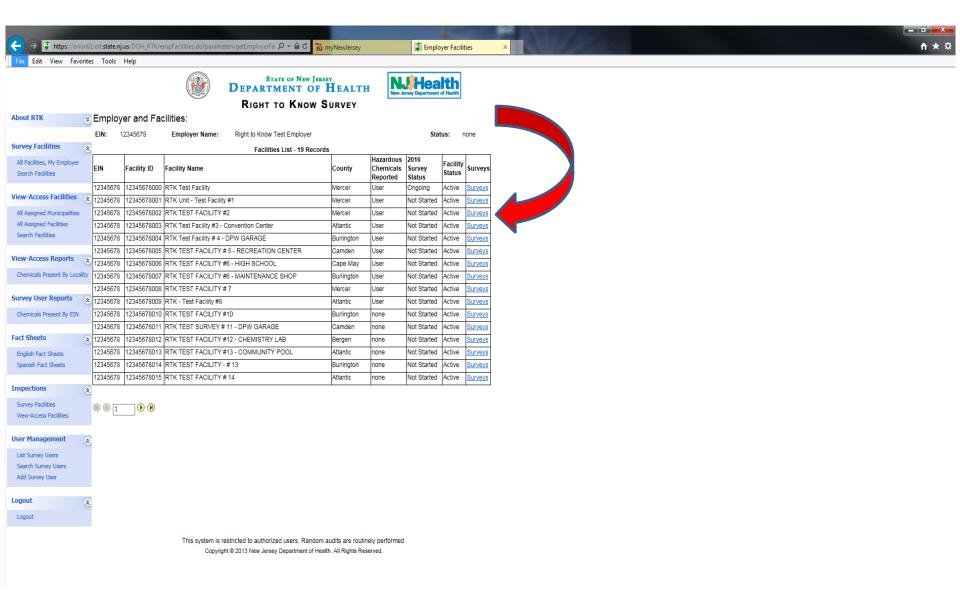
Once you have logged into the My New Jersey portal click on the link
 DOH Right to Know Survey



• To get to your RTK Survey(s): under "Survey Facilities" section click on "All Facilities, My Employer"



Identify which facility survey you would like to open and click on **Surveys**



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

Add

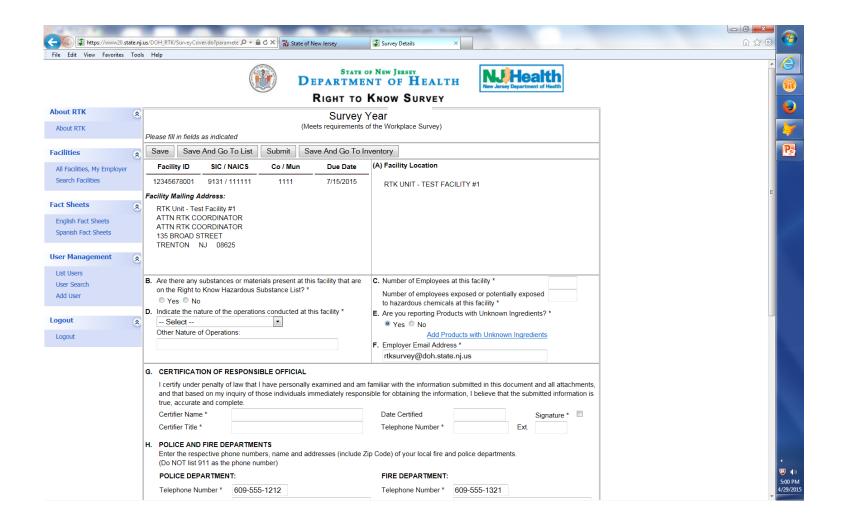
under the column heading "Add"

Edit

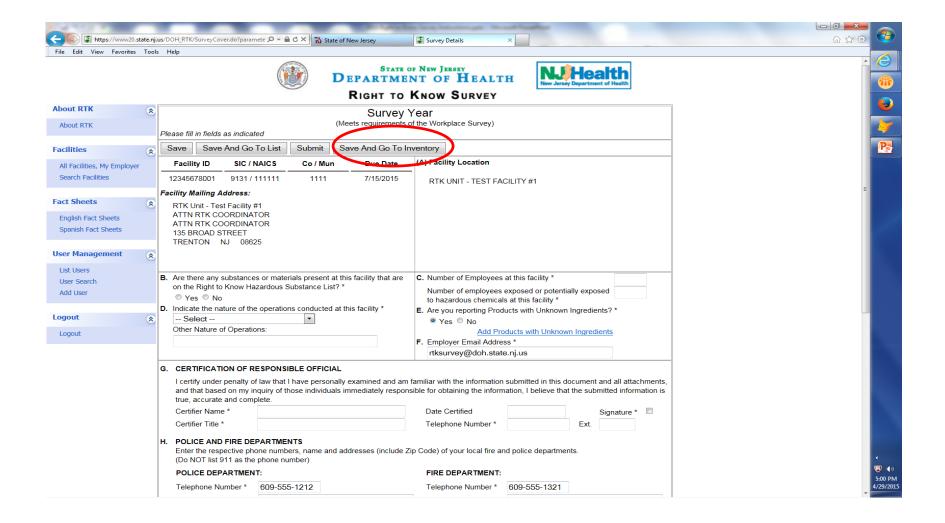
When opening the RTK Survey after you have added it you will click on red folder under column heading "Edit"



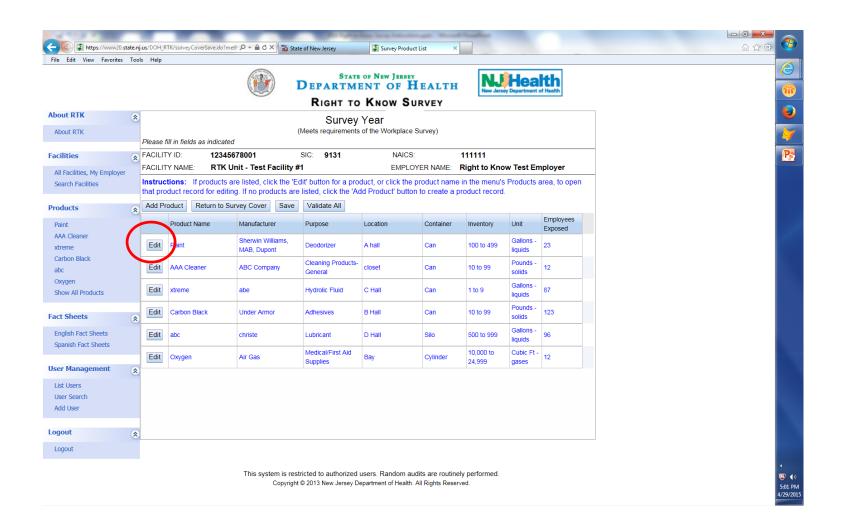
This system is restricted to authorized users. Random audits are routinely performed. Copyright © 2013 New Jersey Department of Health. All Rights Reserved. The survey cover page will open. Much of the information that was entered on the previous year's Survey will auto fill into the next year's Survey and other information you will need to reenter. 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.



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



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.



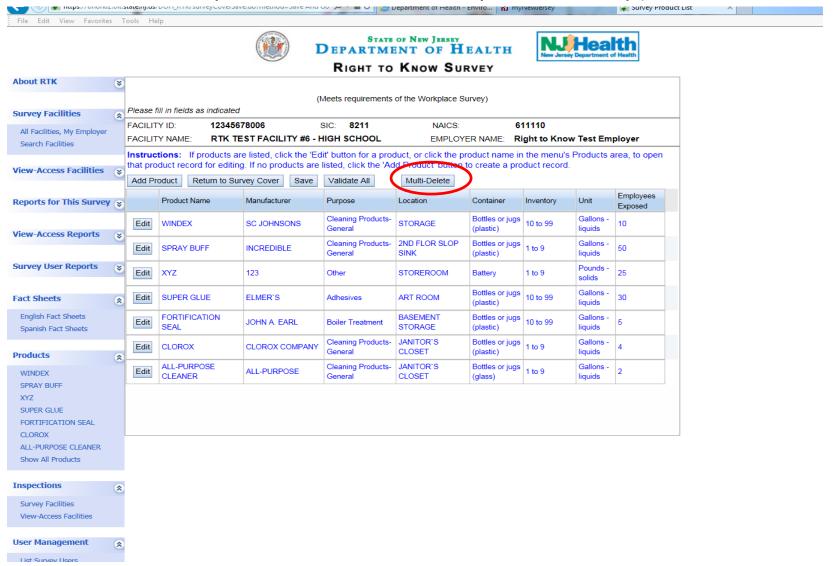
After clicking edit, the product information will open. Make changes to whatever needs updating. You can delete a Hazardous Chemical Ingredient by clicking on — under the Column Heading "Delete" or you can delete the entire product by clicking on "Delete Product".

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

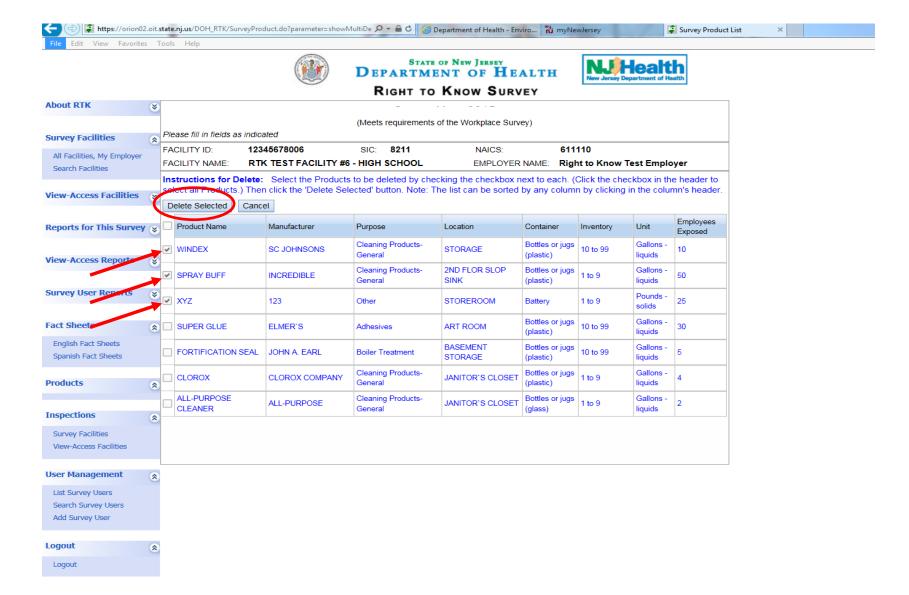


Multi-Delete Option

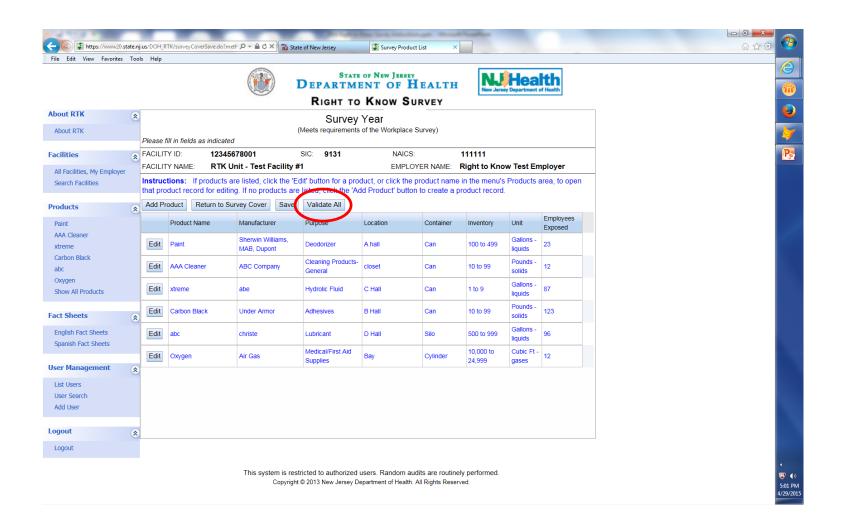
(To be used when you have completed a large clean out and have multiple products to delete from your inventory.)



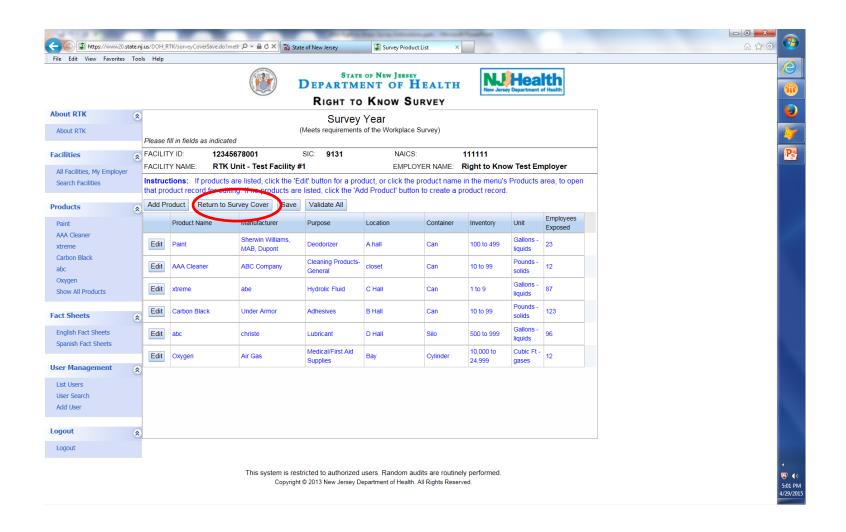
Multi-Delete Option



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



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



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														
5	Save Save And Go To List Subm			Submit	Save And Go To Inv	Printable Su	rvey							
	Facility ID SIC / I		SIC / NAICS	So / Mun	Due Date	(A) Facility Location								
12345678001 9131 /		131 / 111111	11 1111 7/15/2015			RTK UNIT - TEST FACILITY #1								
Fac	ility Ma	ailing Addre	ess:											
RTK Unit - Test Facility #1 ATTN RTK COORDINATOR ATTN RTK COORDINATOR 135 BROAD STREET TRENTON NJ 08625														
В.	Are there any substances or materials present at this facility that are					C. Numbe	er of Employees	at this	facility *		15			
	on the Right to Know Hazardous Substance List? *				Number of employees exposed or potentially exposed 12									
D.	 Yes No Indicate the nature of the operations conducted at this facility * 						to hazardous chemicals at this facility * E. Are you reporting Products with Unknown Ingredients? *							
	Garage					Yes No								
	Other N	Nature of Op	perations:						with Unknown	Ingredients				
							yer Email Addre rvey@doh.stat							
	CEDT	IEICA TION	OF DESPONSI	DI E OFFICIAL		rtksu	vey@don.stat	e.rij.us	-					
G.	i. 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 attachment 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 Admi	rtk Administrator			e Certified 06/03/2015 Signature 3					$\overline{\mathbf{v}}$		
	Certifie	er Title *	rtkadmin	istrator		Teleph	one Number *	609-	-984-2202	Ext.				
н.	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)													
	POLIC	E DEPART	TMENT:	IT:			FIRE DEPARTMENT:							
	Teleph	none Numbe	er * 609-555	-1212		Teleph	one Number *	609-	555-1321					
	Department Name *		e * Any Poli	Any Police Department			ment Name *	Any Fire Department						
	Address *		1 Main S	1 Main Street			ss *	2 Main Street						
	City *		Anytowr	Anytown				Anytown						
	State '	*, Zip *	NJ	▼ 08600		State *	, Zip *	NJ	▼ 0805	5				

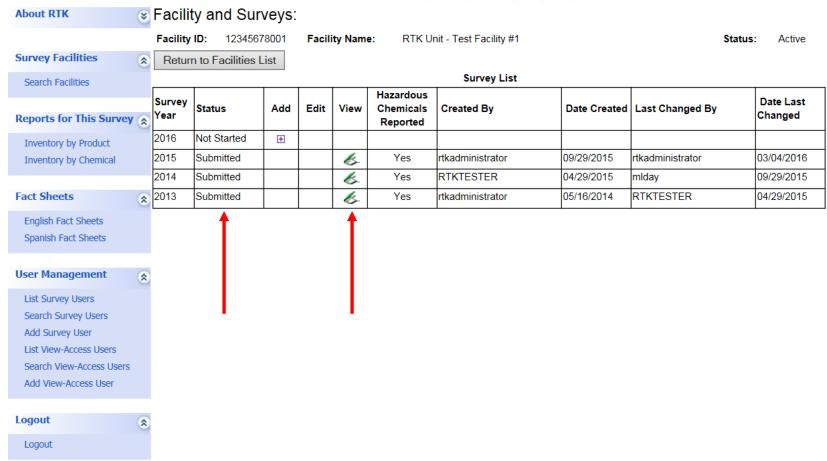
When you have submitted your survey the "Status" will say "submitted" and the red folder in the "Edit" column will disappear. From now on you will have "View" Only. You will always be able to print a copy of your survey by selecting "View" and then "Printable Survey"



STATE OF NEW JERSEY DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY



Reports for this survey

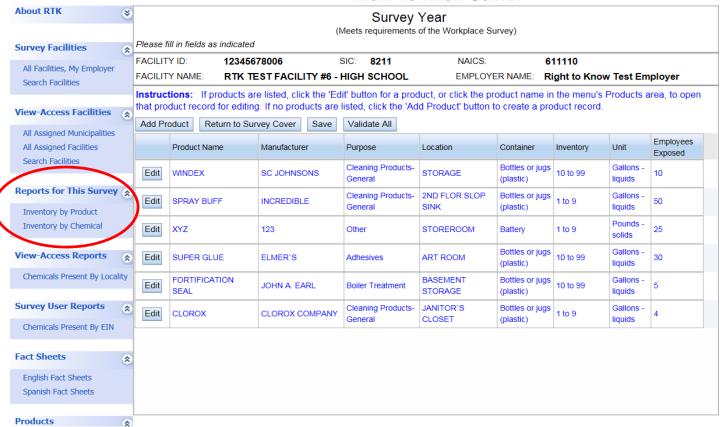
(Note: have the survey open)



DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY



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.



DEPARTMENT OF HEALTH



RIGHT TO KNOW SURVEY

Survey Inventory By Product Category Report

Return To Survey

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

Survey Year: 2018

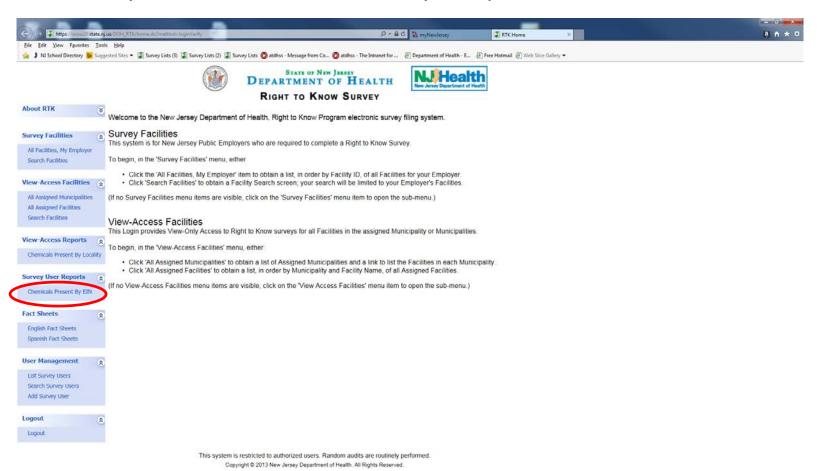
Setup Screen

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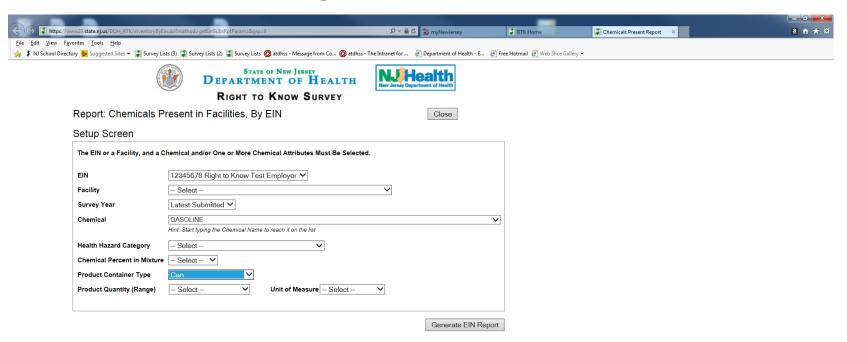
Generate Products Report

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



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



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If you have questions or need help

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