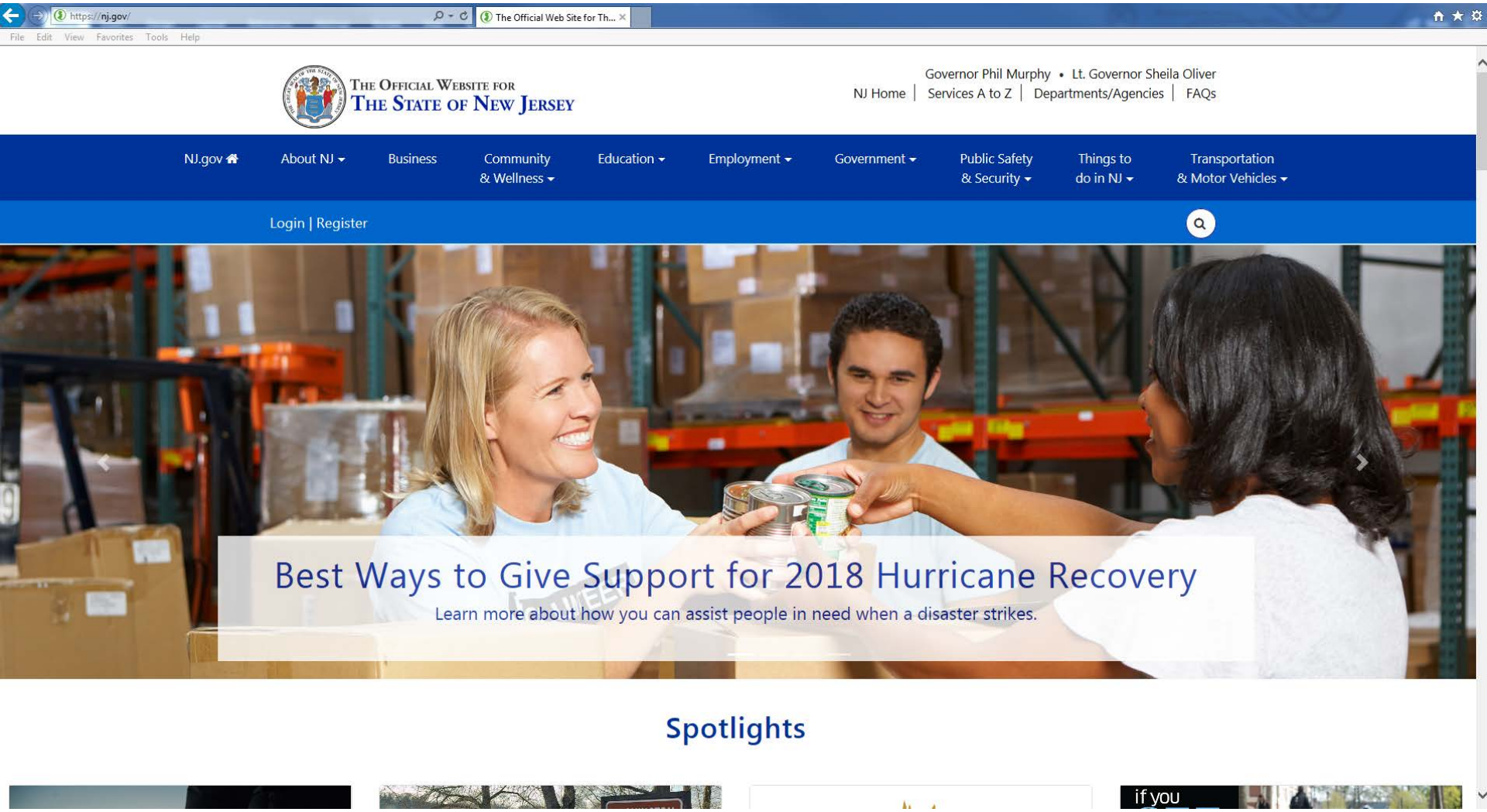
NJ Department of Health
2019 RTK Survey
Instructions

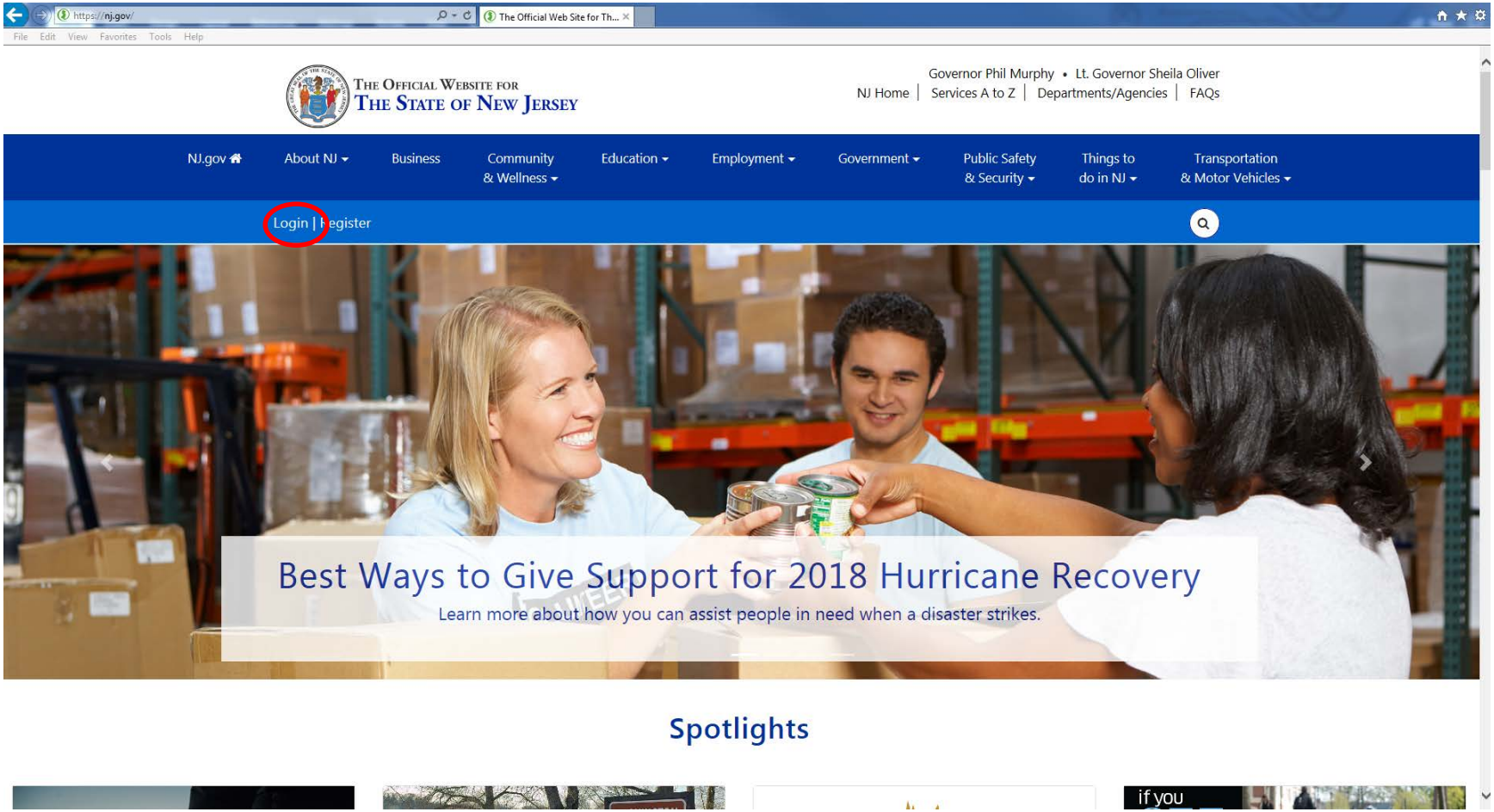
January 2020

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

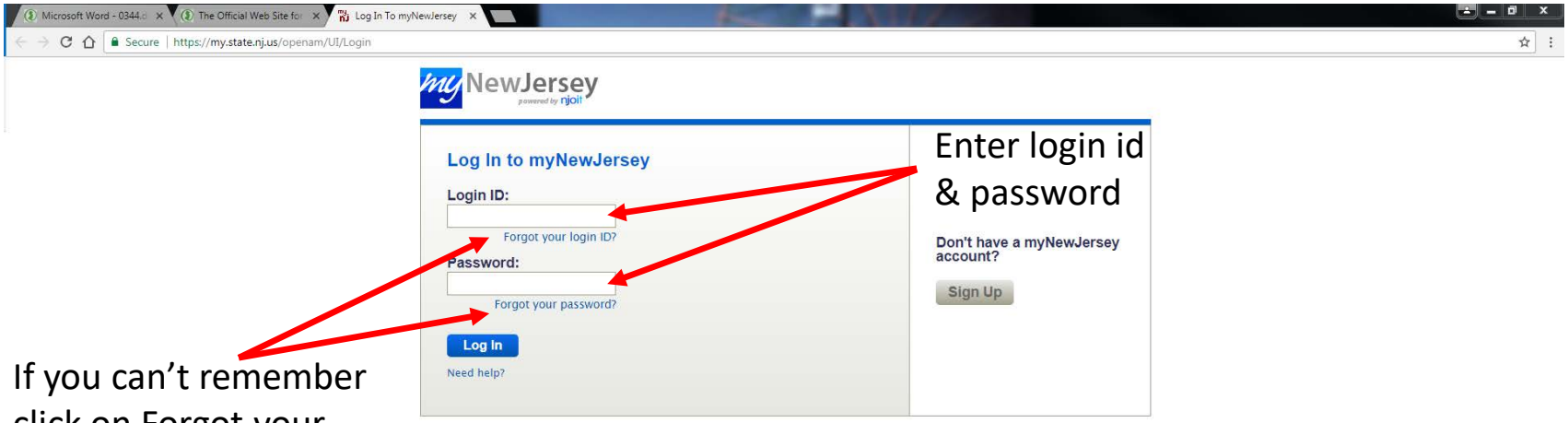


- If you have used the RTK Online Survey System in the past then click on Login and enter your logon id and password.

  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”) .

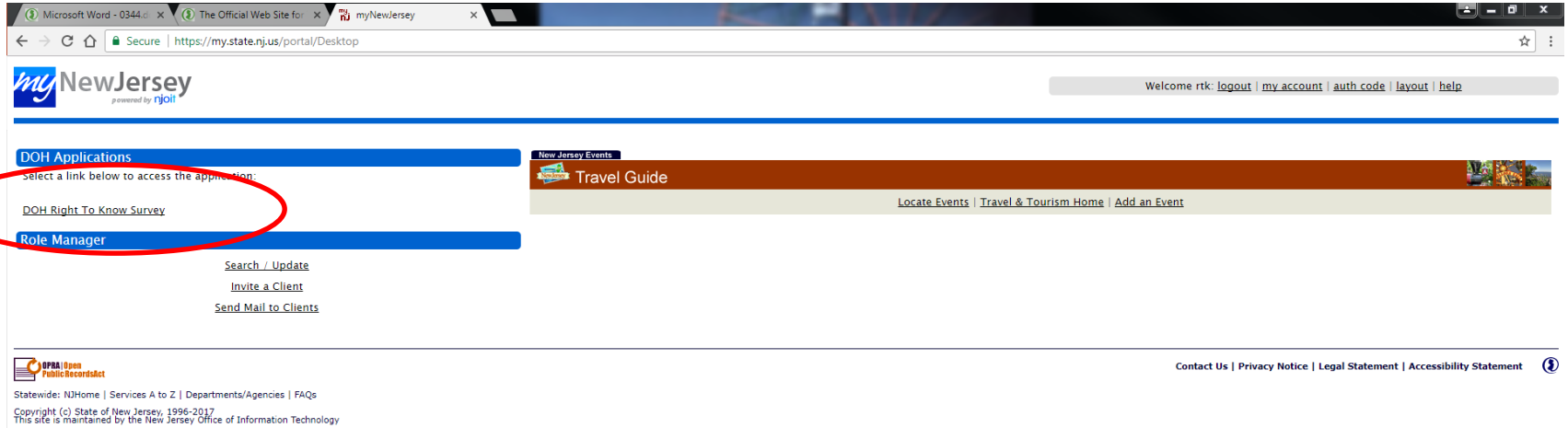


- You must log into the My New Jersey portal account that you accepted the RTK authorization code in. The authorization code was sent to you in an e-mail from rtksurvey when you were added as a user. When you accepted the authorization code it gave you the link to RTK Surveys on your portal page.

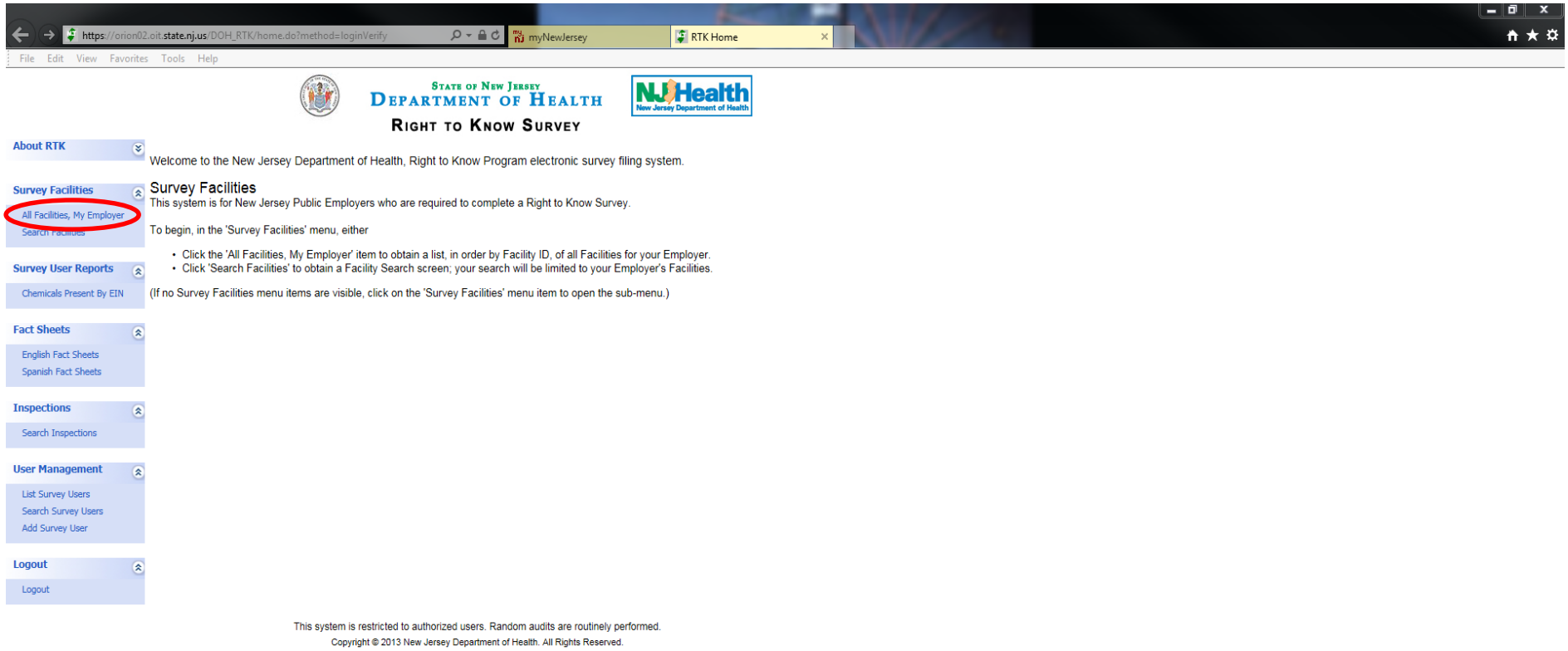


If you can't remember click on Forgot your logon ID or Forgot your password

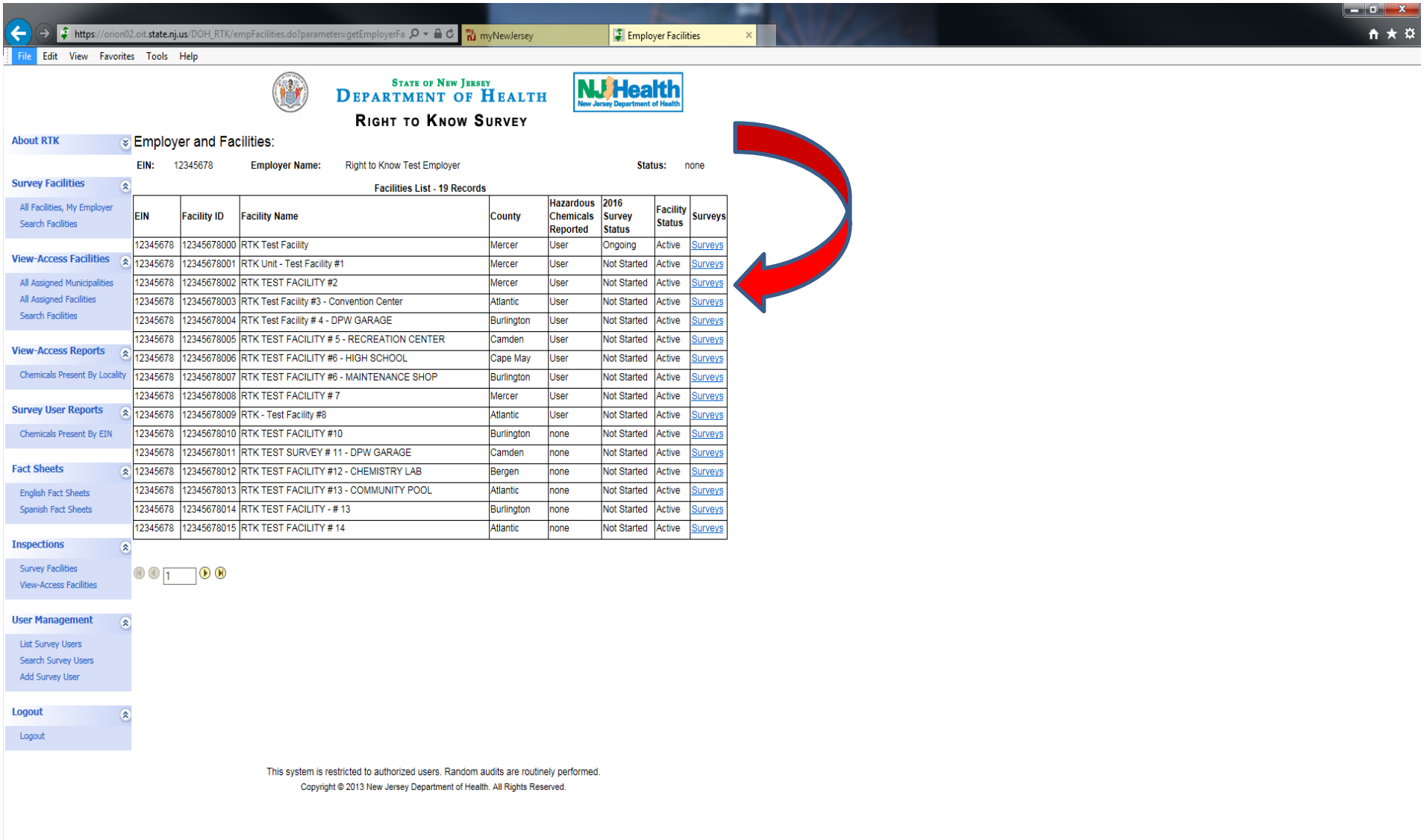
- Once you have logged into the My New Jersey portal click on the link DOH Right to Know Survey

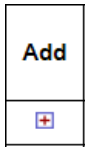


- To get to your RTK Survey(s): under “Survey Facilities” section click on “All Facilities, My Employer”



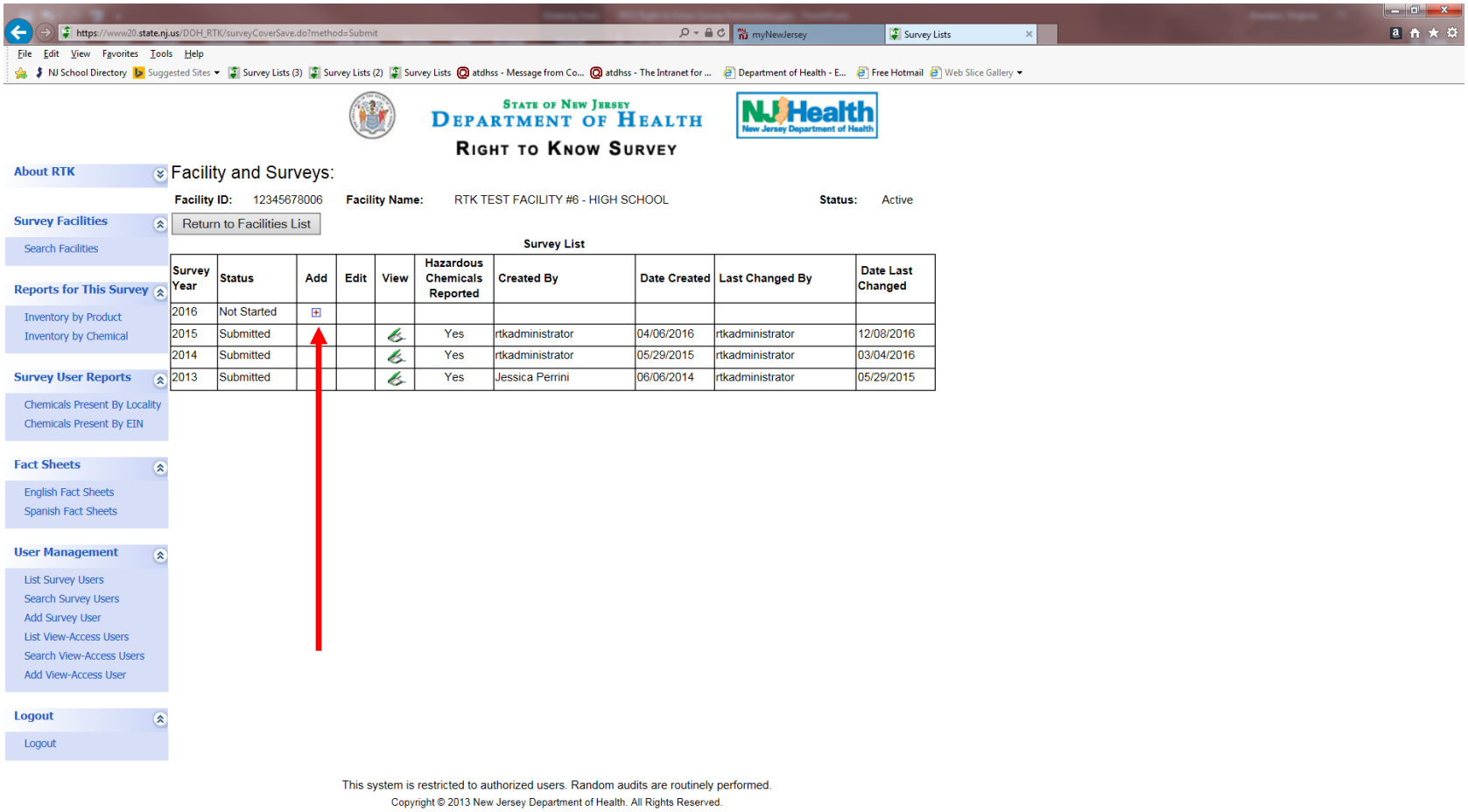
Identify which facility survey you would like to open and click on Surveys



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

under the column heading “Add”

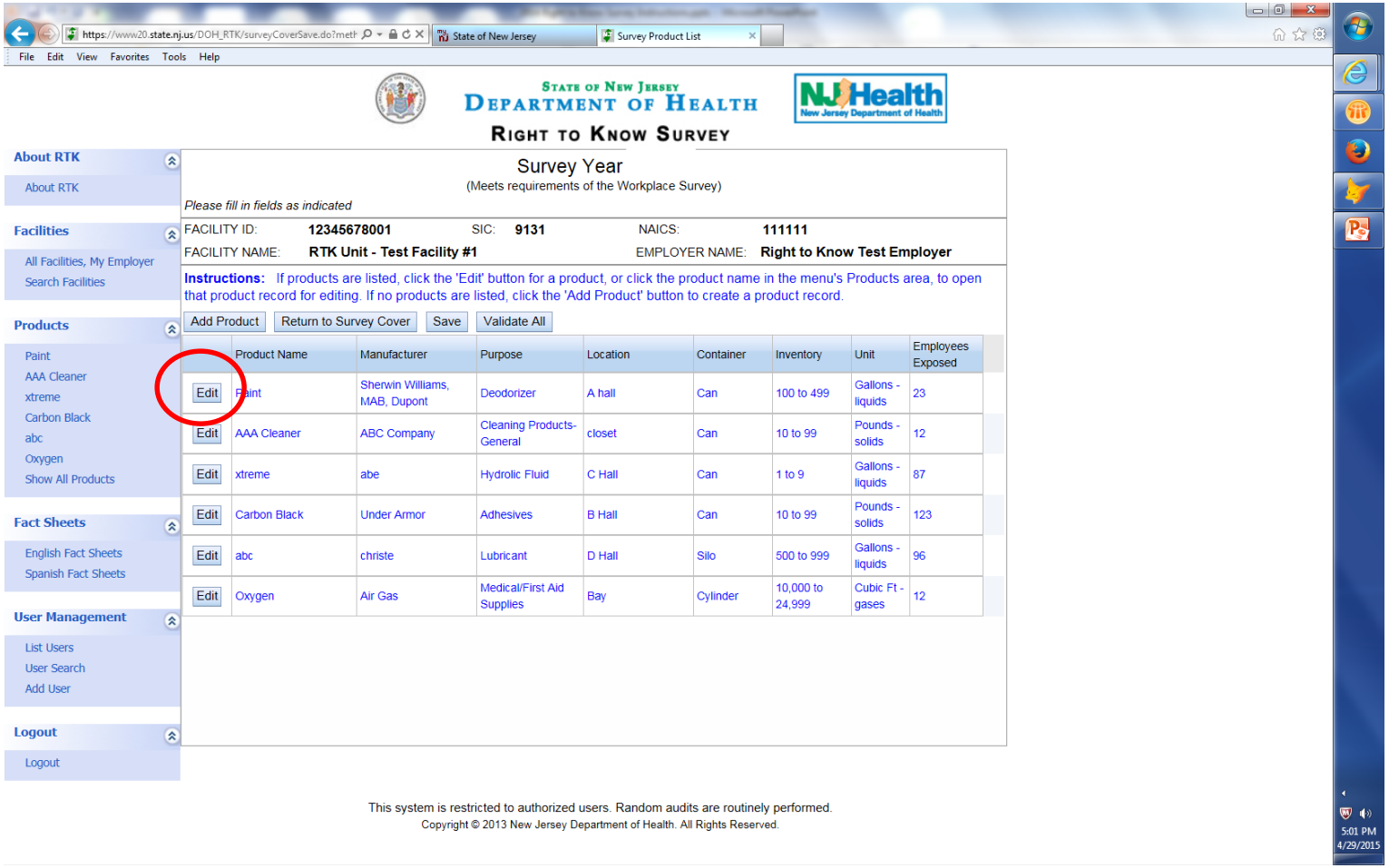
When opening the RTK Survey after you have added it you will click on red folder under column heading “Edit”



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.

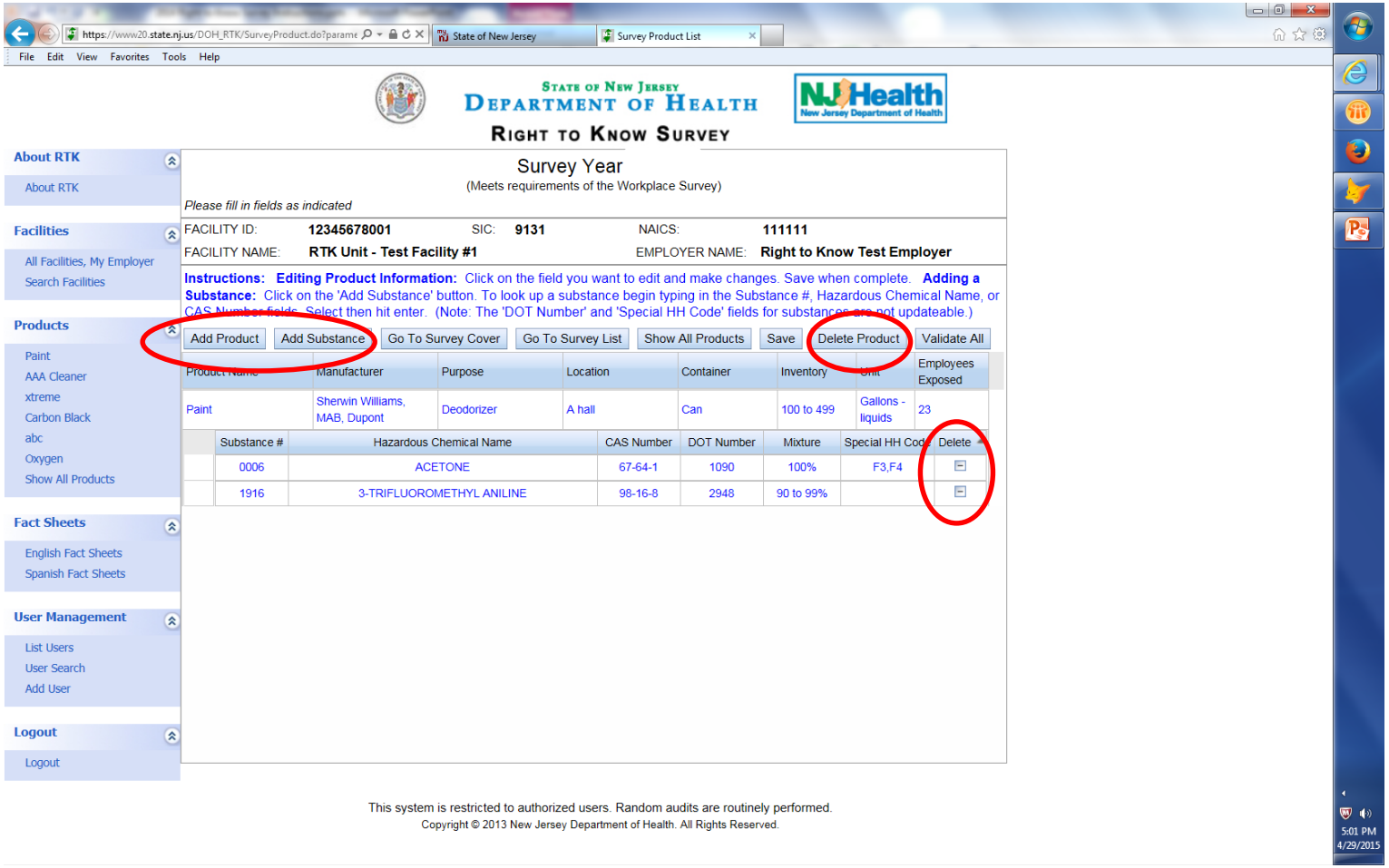
To view, add, or delete inventory click on “Save And Go To Inventory”

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”.

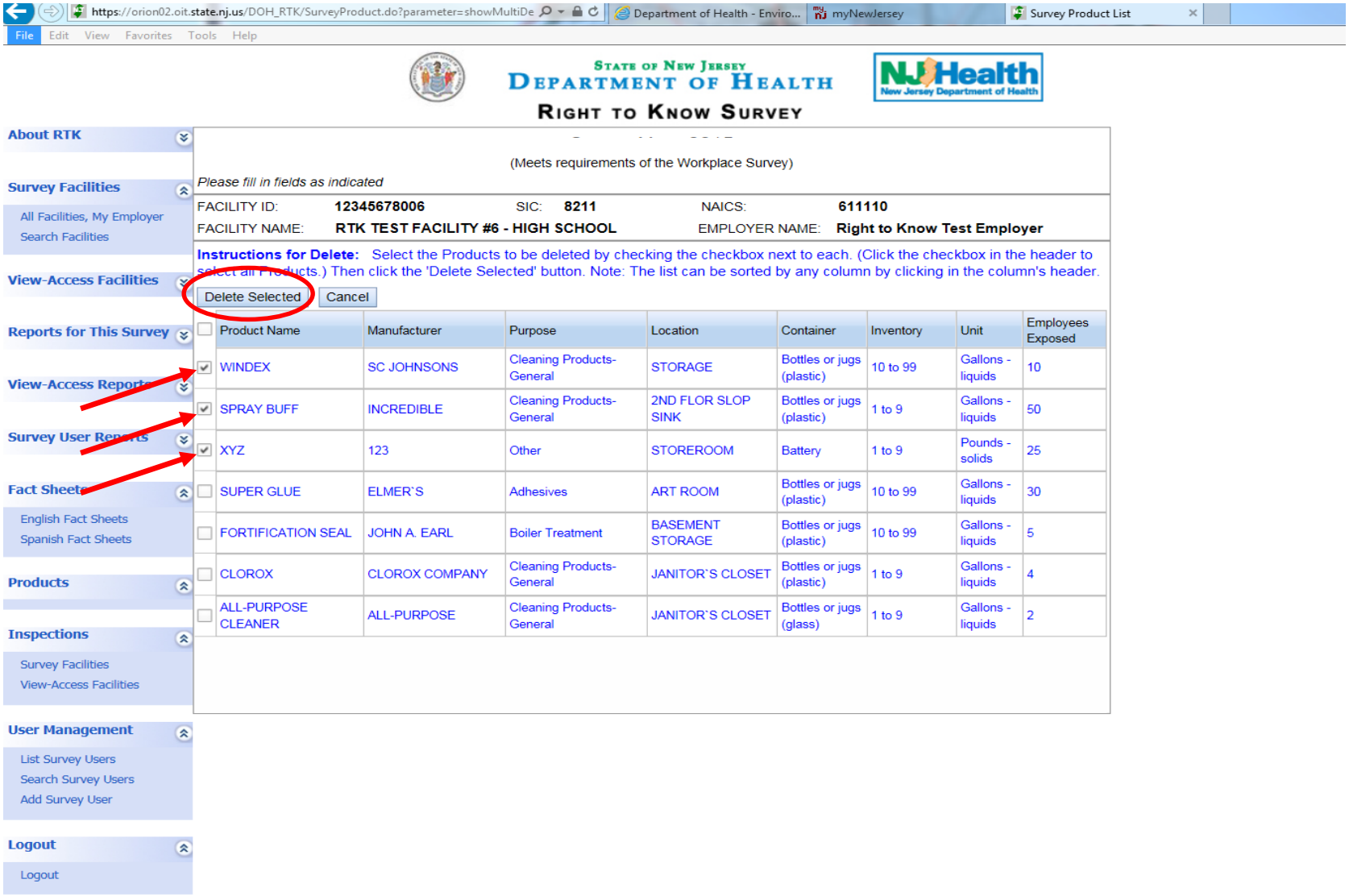
Add Hazardous Chemical Ingredients and or Products by clicking on the “Add Product” / “Add Substance” buttons.



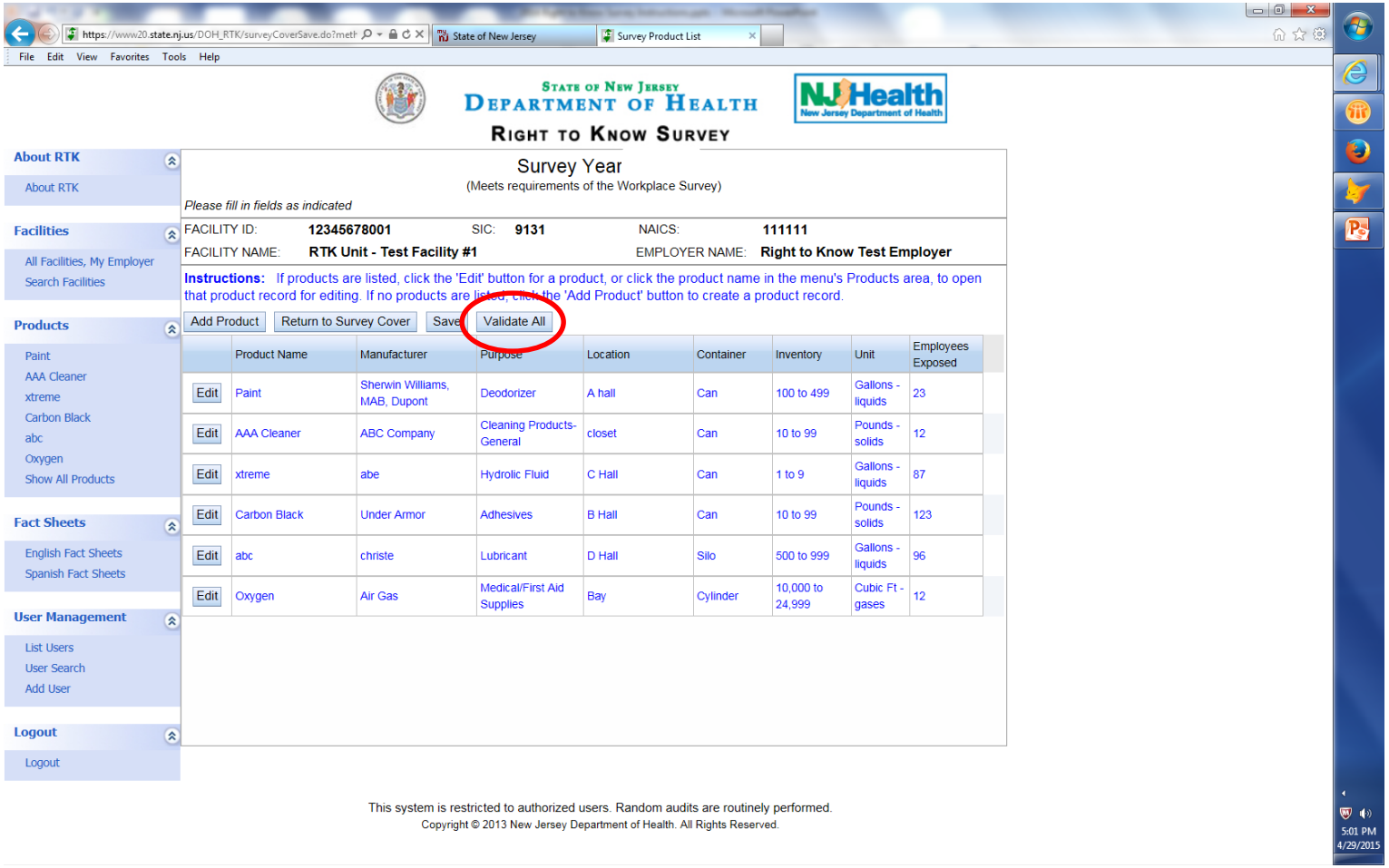
Multi-Delete Option

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

Multi-Delete Option

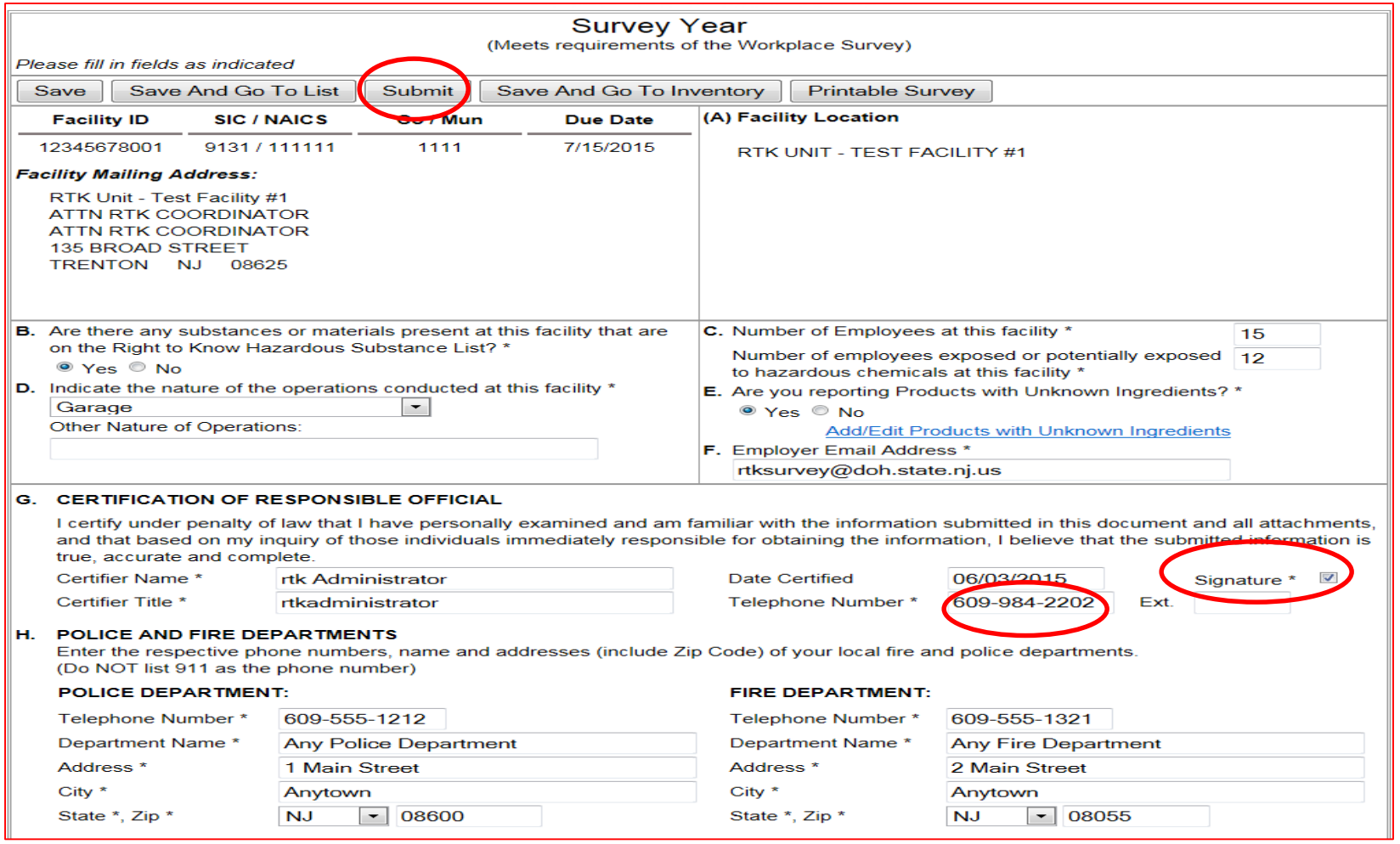


To check for Errors (names of products with missing information) click on “Validate All”



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

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

Facility ID	SIC / NAICS	Sc / Mun	Due Date
12345678001	9131 / 111111	1111	7/15/2015

Facility Mailing Address:

RTK Unit - Test Facility #1
ATTN RTK COORDINATOR
ATTN RTK COORDINATOR
135 BROAD STREET
TRENTON NJ 08625

(A) Facility Location

RTK UNIT - TEST FACILITY #1

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 * 15
Number of employees exposed or potentially exposed to hazardous chemicals at this facility * 12

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

E. Are you reporting Products with Unknown Ingredients? *
(•) Yes ( ) No
Add/Edit 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 * rtk Administrator
Certifier Title * rtkadministrator
Date Certified 06/03/2015
Telephone Number * 609-984-2202
Ext.
Signature * ☑

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)

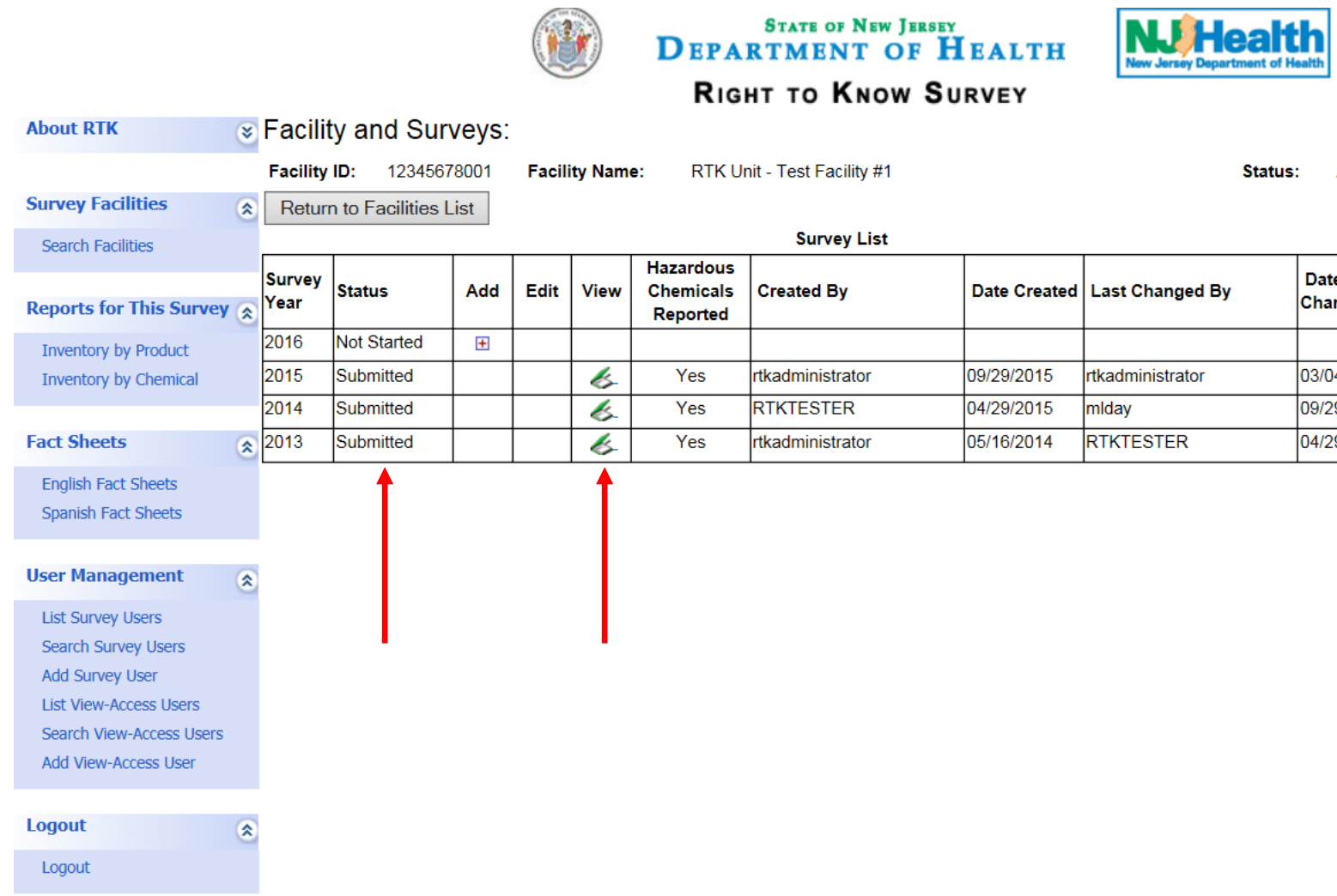
POLICE DEPARTMENT:

Telephone Number * 609-555-1212
Department Name * Any Police Department
Address * 1 Main Street
City * Anytown
State *, Zip * NJ 08600

FIRE DEPARTMENT:

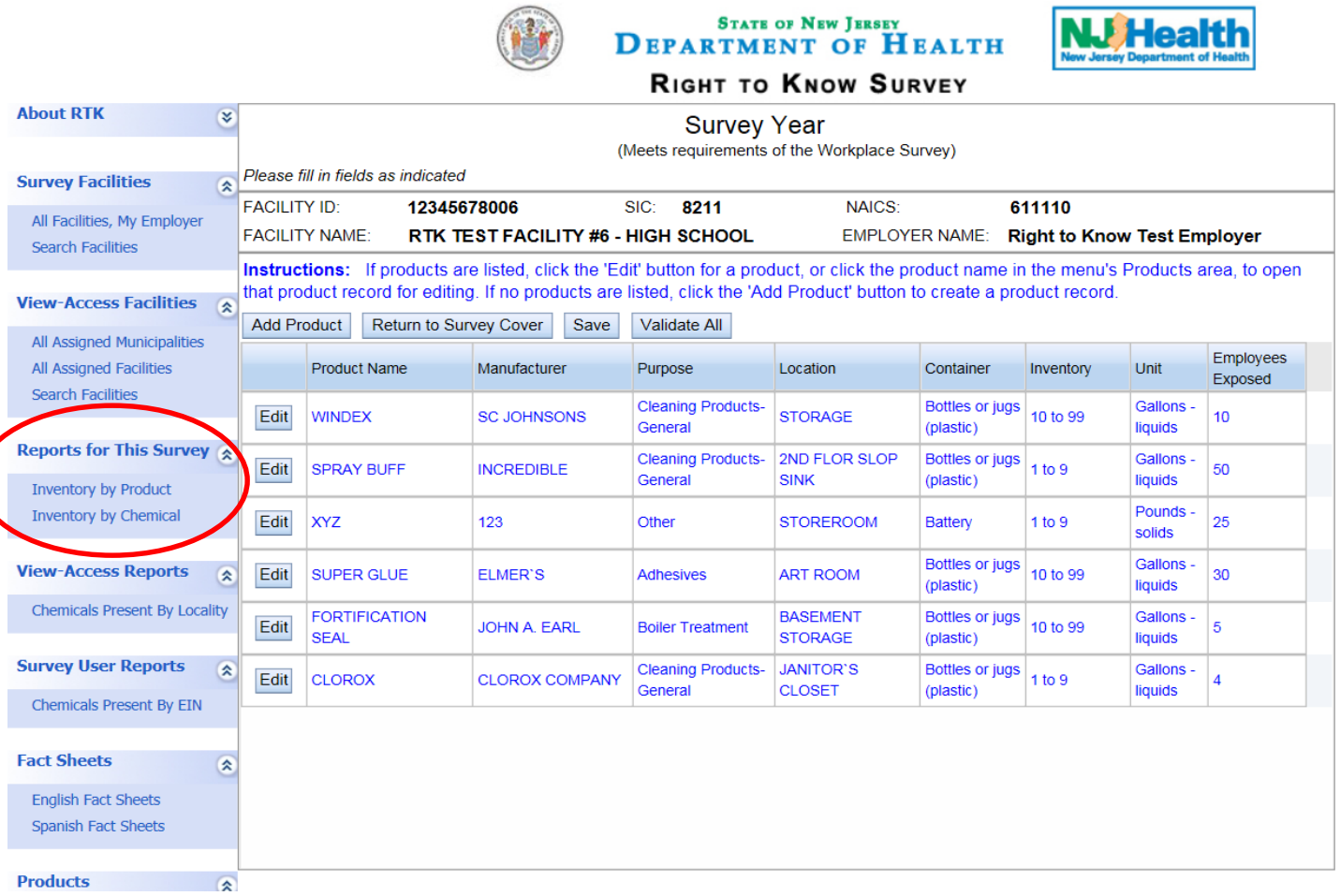
Telephone Number * 609-555-1321
Department Name * Any Fire Department
Address * 2 Main Street
City * Anytown
State *, Zip * NJ 08055

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”



Reports for this survey

(Note: have the survey open)



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.

STATE OF NEW JERSEY
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

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	-- Select --
Manufacturers Reported in this Survey	-- Select --
Purposes Reported in this Survey	-- Select --
Product Locations Reported in this Survey	-- Select --
Container Types Reported in this Survey	-- Select --
Inventory Ranges Reported in this Survey	-- Select --
Units of Measure Reported in this Survey	-- Select --
Sort This Report By:	Product Location
Sort Direction:	Ascending

Generate Products Report

This system is restricted to authorized users. Random audits are routinely performed.
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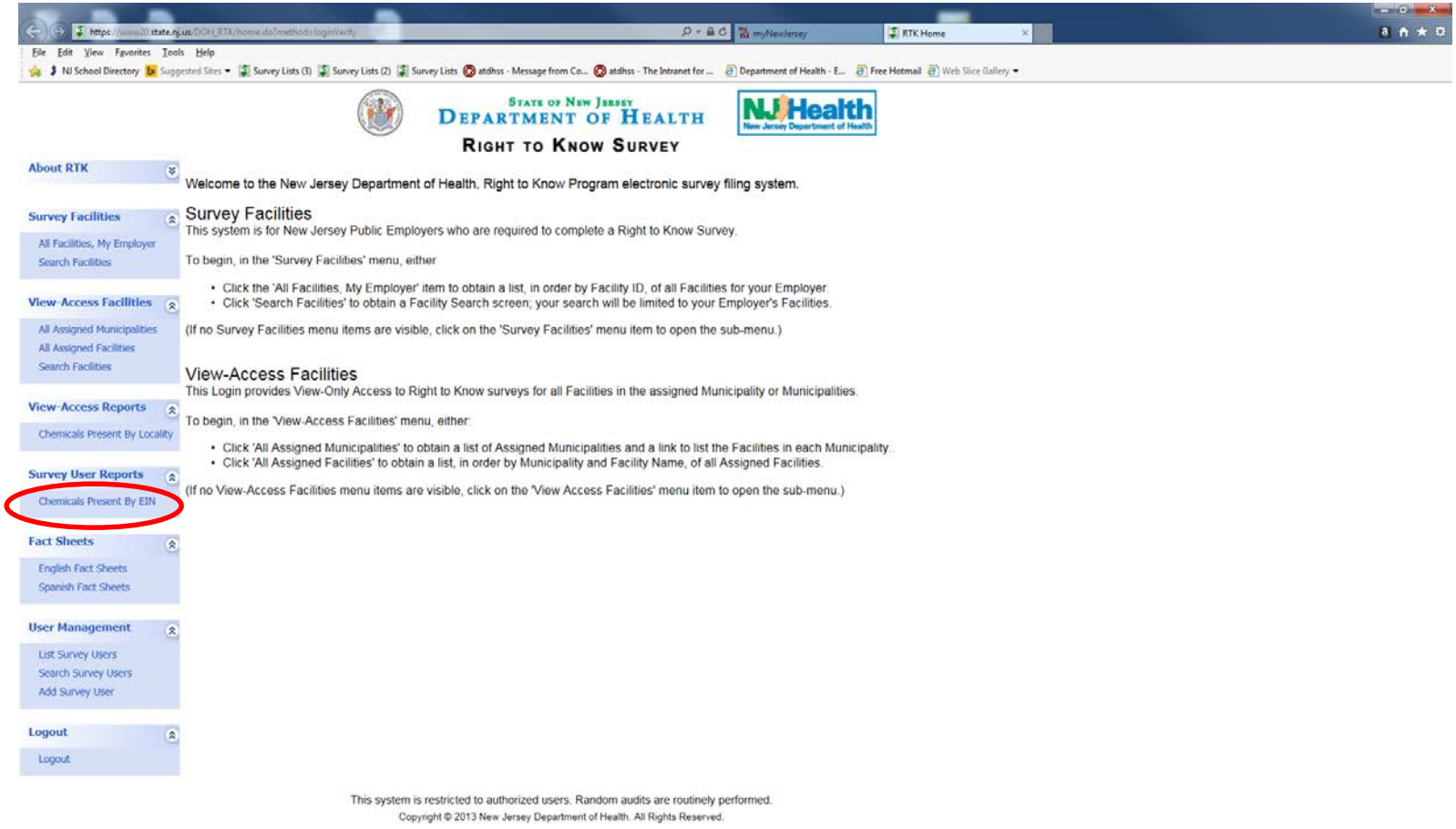
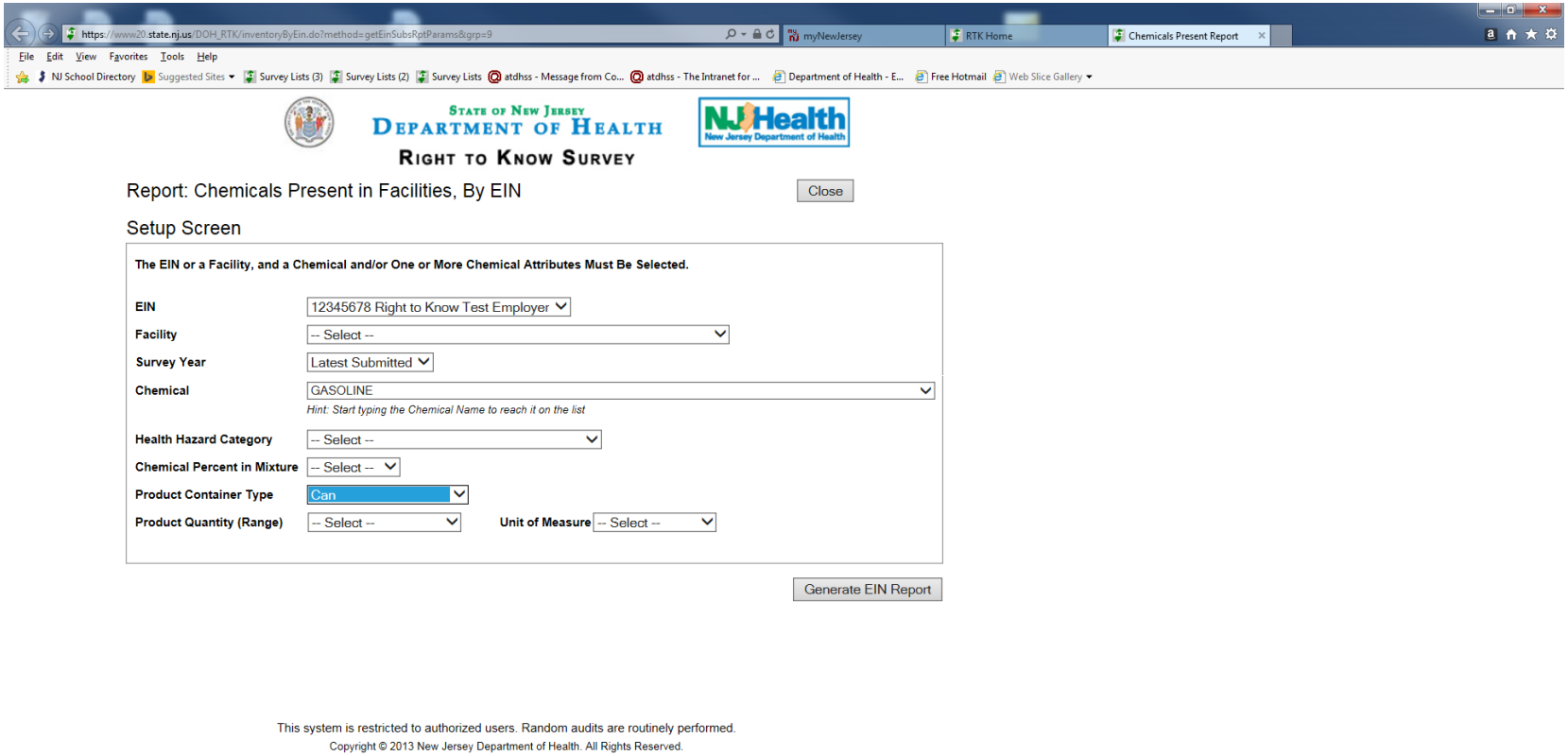
Reports – All facilities

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



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