

# RTK Research & Development Laboratory Exemption Application Form, Survey Year 2007

(NOTE: please read the instructions BEFORE completing)

Facility Name: Rutgers, The State University  
Facility Location: Building: \_\_\_\_\_ Room: \_\_\_\_\_  
Campus: \_\_\_\_\_

N. J. Employer ID Number \_\_\_\_\_

1. Attach a map indicating the specially designated area(s) where R & D activities are performed at the above facility. (8 1/2" x 11" format)
2. Provide a description of the R & D activities in the designated area(s) in the space allotted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. During 2007, what percentage of total work hours were devoted to R & D activities in the area(s) for which you are seeking this exemption? \_\_\_\_\_%
4. During 2007, what percentage of total work hours were devoted to quality control in support of production in the area(s) for which you are seeking this exemption? \_\_\_\_\_%
5. During 2007, was any production of goods for commercial sale conducted at this facility location?  
(circle one) YES NO
6. If question 5 was answered [No] then attach the "Room Information Form" and continue to question 9.
7. If question 5 was answered [Yes], complete the appropriate "Pure Chemical Inventory Form" or "Chemical Mixture Inventory Form" for the non-R & D areas of the facility.
8. Attach a completed "R & D Laboratory Supervisor Certification Form."

9. **CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**  
By signing below, I certify that the environmental hazardous substances in the specific area(s) identified as the R&D laboratory in this application are used or supervised by a "technically qualified person(s)" as defined in N.J.A.C. 7:1G-1.2. For the purposes of supervision in a research and development laboratory, this means a person who has a bachelor's degree in industrial hygiene, environmental science, health education, chemistry, or a related field and understands the health risks associated with exposure to the environmental hazardous substances used in the R&D laboratory.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is, true, accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_  
Title \_\_\_\_\_  
Campus Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO REHS DEPT., BUILDING 4086, LIVINGSTON CAMPUS  
FAX NUMBER: 732/445-3109**