

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME <i>AC by Marriott Pool</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>1000 Somerset Co. park Center BLVD</i>	<i>BLVD</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		TIME - (2400 HOURS)		
<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	DATE	BEGIN	END
		<i>7/14/2022</i>		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750	INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) <i>AC by Marriott Pool</i>	Date <i>7/14/2022</i>
--	--------------------------

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	<p><i>Note: Garden State LABS onsite taking sample</i></p> <p><i>Life saving Equipment OK</i></p> <p><i>No lifeguard on duty sign posted</i></p> <p><i>Water clarity very good</i></p> <p><i>Pool rules posted</i></p> <p><i>Emergency phone - OK for 911. Physical address posted</i></p> <p><i>Restrooms / Shower OK</i></p> <p><i>Log book onsite. Tested every 2 hours</i></p> <p><i>Bonding & Grounding OK</i></p> <p><i>Preoperational checklist OK</i></p> <p><i>CPO Yushin B Garza - Vazquez exp 3/2/23</i></p>
	<p><i>Posted Satisfactory</i></p>

Signature of Individual Completing Form <i>[Signature]</i>	Signature of Owner of Facility, Establishment, etc. if required <i>[Signature]</i>
---	---