

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Beacon Hills</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>4300 Winder Drive</i>		<i>Somerset</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					
<b>TYPE OF ESTABLISHMENT</b> <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		<b>ESTABLISHMENT CODE</b>  <b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				TIME - (2400 HOURS)	
		DATE	BEGIN	END	
		<i>5/26/22</i>			
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND TELEPHONE NUMBER  Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			INSPECTOR'S NAME AND TITLE <i>Patricia Trunki-Parker</i> <i>R.E.H.S.</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Trunki-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.) <b>BEACON HILL POOL</b>	Date <b>5/26/2022</b>
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BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Lifeguard - Ashlee Prieto 2/21/21 Lifeguard / CPR / AED
	CPO - Leonel Carranza exp. 1/26/24
	Bonding & Grounding ok
	Twp Electrical Inspection ok
	Safety Equip ok AED site Note: PADS will exp. 6/11/22. To replace when expired.
5.4a	* To hang 8-26 Bather Rules on Railing poolside
6.12	* Loose railings in pool
6.13	* Tiles loose and falling into pool
6.13	* Broken tiles on the bottom of the pool
6.13c	* Bolts sticking up on decking
6.13	* Areas missing grout & chipping need repair
6.13	* Pool bottom is dirty
7.7e	* Chemical log book Needed
5.2f	* Aquatic facility plan Needed
6.13k2	* Preop checklist states 9.62hr. Codes requires once every 6hrs for turnover rate
	* CB 20 Form
3.23	* Depth markings fading on decking
7.4	* To receive water test results prior to opening
	Posted Unsatisfactory to reinspect before opening

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