

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>Chelsea Village</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>134 Chelsea Way</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

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input type="checkbox"/> RETAIL		TIME - (2400 HOURS)		
<input checked="" type="checkbox"/> POOL		DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	<i>6/10/2021</i>		
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

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>Kerita Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)
Chelsea Village Pool

Date
6/10/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	SATISFACTORY RATING -
	Note: Pool Area well maintained.
	Note: Log Book ok
	Note: Safety Equipment ok
	Note: CPO ok Don Colucci 973-417-3024
	Note: Emergency Equipment ok AED. First Aid kit
	Note: PH 7.4
	chlorine 6
	Note: Lifeguard Cert. ok
	Note: Aquatic Facility Plan ok
	Note: Covid Contact Person Don Colucci 973-417-3024
	Note: Patrons bring their own chairs.
	Note: High touch surfaces will be sanitized
	Note: Pool clean to sight.
*	Women's Bathroom - Floor entering restroom by door is in disrepair.
*	Restrooms to be cleaned prior to opening.
	Note: Electrical Inspection 6/9/21 ok passed

Signature of Individual Completing Form
Patricia M. Parker

Signature of Owner of Facility, Establishment, etc. if required
X DCC