

## 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>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 type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<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			
TIME - (2400 HOURS)					
		DATE	BEGIN	END	
		<i>5/20/2022</i>			
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> <b>CONDITIONALLY SATISFACTORY</b> <input 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 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.)

Chelsea Village

Date

5/20/2022

BRIDGEWATER TOWNSHIP

Item No.

Remarks

1155 Jake 732-668-9621

Preoperational Inspection For Chelsea Village  
✓ Checklist  
✓ Bonding + Grounding  
✓ CB20 Form

Note: Twp. Electrical Inspection is pending.

\* Railings in pool not secure.

\* Missing epoxy/grout/caulk in one area by an inlet drain on deck

\* Cannot check drain covers as water is cloudy in the deep end. Can't see bottom of pool or drain covers. Note: sent pic date time + stamped. ok

\* Men's restroom floor is peeling up.

Can see bottom

Conditionally Satisfactory

Signature of Individual Completing Form

*[Signature]*

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

PAGE

OF

PAGES