

## 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>Four Seasons</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
MUNICIPALITY		STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08867</i>	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
<b>TYPE OF ESTABLISHMENT</b>		<b>ESTABLISHMENT CODE</b>		<input checked="" type="checkbox"/> INITIAL INSPECTION	
<input type="checkbox"/> RETAIL				<input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input checked="" type="checkbox"/> POOL		<b>GOODS</b>		<b>TIME - (2400 HOURS)</b>	
<input type="checkbox"/> CAMP		<input type="checkbox"/> DESTROYED		DATE	BEGIN
<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> EMBARGOED		<i>6/16/2021</i>	END
<b>EVALUATION</b>					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <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>Ken Summer</i>			INSPECTOR'S PERM. REG. NO. <i>B1934</i>		

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Four Seasons

Date

6/16/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	7.4 PH > 7.2 4.0 chlorine
	Candlewood - Pool Management Company Township Electrical Inspection - 6/10/2021 No Smoking sign on Filter area w/ chlorine buckets stored.
*	Need chemical hazard sign Automatic shut off for spa + pool tested - on switch operates both - OK Spa temp 101°F. Alarm tested OK. Depth markings OK - Surfaces OK. First Aid OK AED OK
	Safety Equipment OK Covid Point of Contact - Kyle Quilty 732. 764-1001 ext 119
	CPO comes at least once a week to check pool and signs form. Restrooms OK.
	Rating <u>SATISFACTORY</u>

Signature of Individual Completing Form

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