

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>Glen Ridge Swim Club</i>			
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY	
				<i>640 Tallamini Road</i>		<i>Somerset</i>	
MUNICIPALITY			STATE	MUNICIPALITY		ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</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	 <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/26/2021</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> R.E.H.S.
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>131934</i>

EXAMPLE

COVID OPERATIONAL PLAN CHECKLIST

FACILITY INFORMATION	
FACILITY NAME:	Glen Ridge Swim CLUB
DATE:	5/26/2021
ADDRESS:	646 Tallamini
COVID Contact Person:	Maria El Hadidi, maria.natar 908-202-6771
COPP received with AFP Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	

Mark "X": SAT=In Compliance; UNSAT=Out of Compliance; N/A=Not Applicable; COS=Corrected on Site; R in UNSAT Box=Repeat Violation

Staffing and Pool Operations		SAT	UNSAT	N/A	COS	Restrooms & Shower Access		SAT	UNSAT	N/A	COS
1	Pool Director Certification	X				18	Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.	X			
2	Lifeguard Certification and awareness of masking when moving from post to post; no mask when seated in the LG chair.	X				19	Communal showers should be fitted with installed barriers/partitions (at least 6 feet apart).			X	
3	COVID Contact Role Assigned	X				20	Staggered use of shared spaces with signage, attendant and/or some other system used to manage the task	X			
4	Documented COVID Training for Staff	X									
5	Police Notification Policy					Face Masks, Gloves and Social Distancing		SAT	UNSAT	N/A	COS
6	Policy for staff screening	X				21	Signage on staying home when ill, handwashing, masking and social distancing	X			
7	Policy to ensure Active duty Lifeguard (LG) is not assigned additional roles while on active duty as LG	X				22	6' perimeter of space quartered off around the base of LG chairs.	X			
Admittance and Access		SAT	UNSAT	N/A	COS	23	Space benches and tables	X			
8	System for monitoring attendance developed and implemented	X				24	Signage to denote 6ft of spacing	X			
9	Avoid congregation at entry and exit points	X				Communication Plan		SAT	UNSAT	N/A	COS
10	COVID Signage throughout facility especially at entry and exit points	X				25	Methods to communicate restrictions and closures	X			
11	Cash-less options (where possible)	X				26	Methods to ensure staff and patrons are aware of expectations for behavior at the pool facility and communicating to the pool facility if they become ill.	X			
12	Social distancing within hot tub			X		27	Signage to communicate face coverings should not be worn in the water	X			
						28	Signage to communicate staying home when ill	X			
Infection Control Strategies		SAT	UNSAT	N/A	COS	29	Signage to communicate social distancing	X			
13	Designated COVID 19 Emergency Care space/area	X									
14	Isolation procedures	X									
15	Routine cleaning & disinfection frequencies	X									
16	Sanitizer Station	X									
17	Sufficient supply quantity	X									

COMMENTS AND REMARKS	
	1.5 chlorine
	7.4 ph
	satisfactory
Inspector:	Signature: Patricia Timbalone
Name and Title of Person Receiving Copy of Report:	