

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>Hilton Pool</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>500 Promenade</i>		<i>BLVD Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater Twp.</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
TYPE OF ESTABLISHMENT <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		ESTABLISHMENT CODE GOODS <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>8/5/21</i>			
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> 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 REHS</i> <i>Shahira Morell REHS</i>		
			INSPECTOR'S SIGNATURE		
			<i>Patricia Timko Parker</i> <i>Shahira Morell</i>		
HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		
<i>Kevin Sumner</i>			<i>131934</i> <i>B1164238</i>		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Hilton Pool

Date

8/5/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
Note:	CPO Justin Fuson exp. sept 19, 2024 salt + chlorine generator
8:26/7.7(a)	Log book kept 3 readings per day. Pool hours 5am - 10pm. 8 readings needed.
8:26-4.2(f)	Need an Aquatics Facility Plan on file for the pool
**	Replace Battery in Handicap lift chair as needed. Specially Exempt - NO Lifeguard
	Note: Adult Supervisor - Sam Patel
	Note: Emergency Equip. OK
	Note: Restrooms OK
	Note: Lab tests water weekly
	Rating SATISFACTORY

Signature of Individual Completing Form

Sam Patel

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

Sam Patel