

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>JCC</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>775 Tullaminn Rd</i>		<i>Souerset</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 <i>Indoor Bubble Splash PAD</i> <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/26/2022</i>	<i>11:00</i>	<i>12:30</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 Tinko-Parker</i> R.EHS
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.)

JCC

Date

5/26/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Pre Operational Pool Inspections
	Splash PAD - signage posted. First Aid Kit inside the chemical storage / Pump Room.
	Log Book ok. Recirculated water.
	Surfaces ok. Garden State LABS tests water.
	Outdoor Pool - 4 Lifeguard stands. Safety Equip ok
	Emergency Shut off ok Lifeguard Cents. ok
	Bonding & Grounding for all 3 water features ok
	Log book ok.
	Stephanie Johnson said Twp Electrical Inspection ok
	CPO cents. ok
	Pool clear. Drain covers secure.
	AED - new one in order. will send receipt. 3 onsite.
	AED used in Emergency (line in Fitness Center)
	Emergency Phone ok
	<u>Indoor Pool</u>
	Drain cover (B20 on file) ok. Drain Covers ok
	* plastic drain cover on edge of pool to be repaired
	Log book ok Safety Equip ok. Restrooms/Locker rooms ok
	SPLASH PAD Posted SATISFACTORY
	Outdoor Pool Posted SATISFACTORY
	Indoor Pool Posted SATISFACTORY

Signature of Individual Completing Form

Patricia Simko

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

[Signature]