

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>Juniper Lane</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>541 Juniper Lane</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"/> RETAIL				<input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input checked="" type="checkbox"/> POOL		GOODS		TIME - (2400 HOURS)	
<input type="checkbox"/> CAMP		<input type="checkbox"/> DESTROYED		DATE	BEGIN
<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> EMBARGOED		<i>5/27/22</i>	END
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>			INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
HEALTH OFFICER <i>Kevin Simmer</i>			INSPECTOR'S PERM. REG. NO. <i>B1934</i>		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Juniper Lane

Date

5/27/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
-	KIDDY POOL - Gate doesn't always close + lock
-	Tiles missing from inside top
-	One portion of floor has large hole and exposed rough bottom
-	caulking missing from outside edge
-	One broken piece of cement on far middle side
-	Debris cleaned off bottom of pool floor
-	Emergency Phone - needs battery
-	Shut off switch needs sign
-	Missing Chemical Storage Sign + No smoking on Pump Room Door
-	Women's Bathroom - missing papertowels
	* To email Lifeguard Certs.
	CPO Nina DeMarco

Conditionally Satisfactory

Signature of Individual Completing Form

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