

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME <i>Loft Farms</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>Stevens Lane</i>	<i>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	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/21/2021</i>	<i>Conditionally SAT</i>	
		<i>5/24/2021</i>	<i>SATISFACTORY</i>	

EVALUATION

SATISFACTORY

 CONDITIONALLY SATISFACTORY

 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 Tinker-Parker</i> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Tinker-Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

EXAMPLE

COVID OPERATIONAL PLAN CHECKLIST

FACILITY INFORMATION	
FACILITY NAME:	LOFT FARM at Martinsville
DATE:	5/21/2021
ADDRESS:	2 STEWENS Lane
COVID Contact Person:	* Need to get from Association
CPOPP 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).		not being used		
3	COVID Contact Role Assigned					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	X				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			
13	Designated COVID 19 Emergency Care space/area	X				28	Signage to communicate staying home when ill	X			
14	Isolation procedures	X				29	Signage to communicate social distancing	X			
15	Routine cleaning & disinfection frequencies	X									
16	Sanitizer Station	X									
17	Sufficient supply quantity	X									

COMMENTS AND REMARKS		
	Normal 10-0 #3 Covid Contact Person Marie Mooney	
	Per 7.2	973-267-9000
	Lifeguard Vijay Vinton American Red Cross 4/10/21 (2 years)	
	* Suction Cover - one of 2 has a loose cover to fix before opening	
	* To supply name of Covid Contact Person	
Inspector:	Signature:	Name and Title of Person Receiving Copy of Report:
Patricia Timko Parker	Patricia Timko Parker	X [Signature]

5/24/2021 Re-inspection Satisfactory Conditionally Satisfactory