

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Marriott Hotel Pool</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>700 Commons Way</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					
<b>TYPE OF ESTABLISHMENT</b> <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		<b>ESTABLISHMENT CODE</b>  <b>GOODS</b> <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>7/14/2022</i>			
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
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>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
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.)

Marriott Hotel Pool

Date

7/14/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	<u>Note:</u> Lifeguard Exempt
	Chlorine 7
	pH 7.5
	Garden State Labs tests water weekly
	Bonding & Grounding on file
	CPO cert on file OK
	Electrical Twp Inspection 5/22 OK
	Water clarity very good
	Log book onsite & maintained
	* <u>Note:</u> CPO to sign off 1x week on log book
	Safety Equip OK
	Restrooms OK
	Emergency Phone + Phone #'s OK
	* <u>Note:</u> Scissors & tweezers in First Aid Kit.
	CB20 Form on file
	Proof checklist OK
	<u>Posted Satisfactory</u>

Signature of Individual Completing Form

*[Handwritten Signature]*

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

*[Handwritten Signature]*