

## 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>Milstone Park Condominium Assoc.</i>		
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY <i>94 Whitehead Rd Somerset</i>		
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE TELEPHONE NO.
			<i>Bridgewater</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

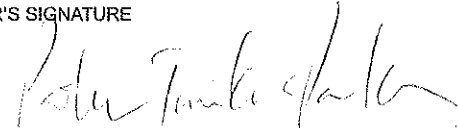
### INSPECTION

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 <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	<b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/20/12</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 Timko-Farker</i>  REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>619311</i>

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

MILLSTONE PART 2 Condominium Association

Date

5/25/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	5.2 a 1 - ADULT Supervisor Name + Phone # posted
	6.4 b 3 - no paper towels in bathroom
	* Depth markings missing on deck - PIC states will stencil on
	* files missing - CPU onsite + will be replacing missing files
	* Bathing Rules to be hung up
	* Caulk missing in 2 areas - to recaulk
	* Entry railing on right a bit loose - to secure
	* Specially Exempt - exempt from lifeguards + First Aid (defibrillator)
	<del>Posted / conditionally Satisfactory</del>
	OK to open - Electrical Top Inspection scheduled for 5/28/22

Signature of Individual Completing Form

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