

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>Karlan Valley Country Club</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>747 Route 28</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"/> 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>5/24/2022</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-Parker</i> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Timko-Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>131934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

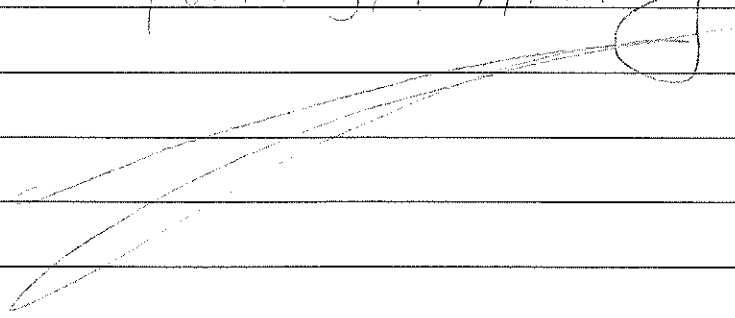
Name (Individual, Facility, Establishment, etc.)

Date

KARITAN VALLEY Country CLUB POOL

5/24/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	C.P.O. OK
	Lifeguard Certs OK
	Safety Equip OK
	Emergency phone OK
	Restrooms OK
	Log book OK
	Aquatic facility plan OK
	Note: Electrical inspection pending. OK until 6/22/22
	Note: Broken concrete in one small area to be replaced.
	Chlorine 1.0 PH 7.6
	POSTED SATISFACTORY
	
	Note: Food comes from upstairs kitchen, 11-6 M 11-8 TUES-THURS 11-9 Fri Sat 11-8 SUN.
	Note: Garden State tests water.

Signature of Individual Completing Form

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

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