

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>Somerset Hills Somerset</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>19 Arthur Road</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 <i>(other than initial inspection)</i>		
<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>5/25/22</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> REHS
HEALTH OFFICER <i>Kevin Summer</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Somerset Hills

Date

5/25/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Preoperational Pool Inspection:
	* Garden State Labs out on 5/24/22 + sampled water. To verify ok prior to opening 5/28/22
	* Twp Electrical Inspection scheduled for 5/27/22
	* Defibrillator Pass expired for ADULT + CHILD. Karen DiMEO ordering new ones.
	* 2 holes for where ladder was - to be covered.
	Safety Equip etc
	Restrooms etc
	Emergency phone w/ address posted
	Shut off + signage etc
	Lifeguards - certs in book
	Swim facility plan, Log Book etc
	* Chipping concrete by the baby pool
	Tested Conditionally Satisfactory

Signature of Individual Completing Form

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