

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>Somerset Hills</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>19 Arthur Road</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 type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <i>2nd inspection</i> <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>2nd for season</i> <small>(other than initial inspection)</small>	TIME - (2400 HOURS)	
		DATE	BEGIN	END
		<i>7/21/21</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> R.E.H.S.
	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.)

SOMERSET HILLS

Date

7/21/21

BRIDGEWATER TOWNSHIP

Item No.	Remarks
Note:	Emergency phone numbers + physical address posted
Note:	Throw Line onsite
Note:	AED, First Aid stickers on outside of building where located.
Note:	Log book checked by CPD + filled out every 2 hours
	Kiddie Pool + Main Pool water tests sent weekly.
	Main Pool - chlorine 3.0 PH 7.6
	Kiddie Pool - chlorine 3.0 PH 7.5
	Posting SATISFACTORY

Signature of Individual Completing Form

Robert Janko-Park

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

[Signature]