

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>Vanderhaven Farm Village</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>380 Doolittle Drive</i>	<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08867</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

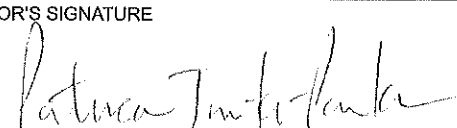
INSPECTION

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>5/23/22</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> R.E.H.S.
	INSPECTOR'S SIGNATURE 
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.) Vanderhaven FARM VILLAGE POOL Date 5/23/22

BRIDGEWATER TOWNSHIP

Item No.	Preoperational Inspection Remarks
	CPO - Kyle Barry 973 223 1348
	Bonding & Grounding ok
	Top Electrical exp 7/22. Reminded to call to schedule inspection
	Safety Equipment - ok except ...
	* missing throw line
	Emergency shut off tested & ok.
	Defibrillator onsite + working except ...
	* Exp. parts. To replace ASAP
	* Pool inspection shows interior tiles broken, chipped in disrepair. Scheduled to drain pool slightly week of May 31st and replace tiles. Tiles onsite
	Bathrooms ok
	PH. 7.6
	chlorine 10
	Drains (?) intact
	Preoperational Checklist, CB20, Diagram sent to email checked at time of inspection on phone ok
	Emergency Phone is corroded. Using inside clubhouse phone until new one purchased.
	* To post emergency #'s + physical address by phone
	<u>Conditionally Satisfactory</u>

Signature of Individual Completing Form [Signature] Signature of Owner of Facility, Establishment, etc. if required [Signature] owner