

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>Bridgewater Ymca</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>601 Garretson Rd</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"/> RETAIL				<input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input checked="" type="checkbox"/> POOL		GOODS		TIME - (2400 HOURS)	
<input type="checkbox"/> CAMP		<input type="checkbox"/> DESTROYED		DATE	BEGIN
<input type="checkbox"/> OTHER		<input type="checkbox"/> EMBARGOED		<i>6/18/2021</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>			INSPECTOR'S NAME AND TITLE <i>Patricia Timberlake</i> <i>R.E.H.S.</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timberlake</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.)

YMCA

Date

6/18/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Bonding and Grounding - may 20, 2019 good for 5 yrs.
	Luis E. Vaello exp March 4, 2025 CPO
	AQUATIC FACILITIES Plan - OK
	COVID CPOPP Plan - OK
	COVID Point of Contact Kate Russo
	Lifeguards - Kate Russo, Gavin Chu, Nayin Darana credentials OK. American Red Cross.
	COVID Screening for Staff - Temp. check + symptom screening Log Book - OK
LAP	PH 7.4
Pool	CHLORINE - 1.0
10 Lane	* AED - expired pads. will replace.
	* CPO to sign off once a week.
	smaller pool - OK. 2' 9" deep.
	Depth markings OK.
	Satisfactory

Signature of Individual Completing Form

Patricia Tomlin

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

[Signature]