

APPENDIX E. Checklist for Public Recreational Bathing Facilities

New Jersey Department of Health
Public Health and Food Protection Program

CHECKLIST FOR
PUBLIC RECREATIONAL BATHING FACILITIES

Municipality WARREN Twp	Local Health Authority WARREN Twp - Health	Date 6/2/21
Name of Public Recreational Bathing Facility Camp Riverbend		
Dates of Operation 6/28/21 - 8/13/21	Type of PRB Facility CAMP	
PRB Facility Location 116 Hillcrest Rd	Phone Number	Special Exempt <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Both
Owners Name Camp Riverbend Inc	Phone Number 908 647-0664	
Certified Laboratory GARDEN STATE	Phone Number 800 273-8901	Date of Last Sample Not done yet
Trained Pool Operator	Email Address	Phone Number

Codes: X-Compliant P-Pending N/A-Not Applicable

176067, 2, 3, 4, 5b PAPERWORK

TPO Certification No. and Exp. Date	1	2	3	4	SP	
5/1/24	X	X	X	X	X	Log Book
Lifeguard Certifications Current	X	X	X	X	X	Bonding and Grounding (5-year cert.) DUE 2024
Pro CPR Certifications Current	X	X	X	X	X	Bonding and Grounding (Town)
Aquatics Facility Plan	X	X	X	X	X	CB-20 completed and submitted
Water Sample(s) Results	P	P	P	P	P	MSDS sheets for all chemicals
Sanitary Surveys (N.J.A.C. 8:26-7.15)	P	P	P	P	P	Physical Hazards inspection
GENERAL LAYOUT						
Emergency Phone Numbers	X	X	X	X	X	No Lifeguard on Duty Sign
Pool/Natural Waters Rules Sign	P	P	P	P	P	Adult Supervision Sign
No Diving Signs	X	X	X	X	X	Special Exempt Signs
Caution Chemical Sign	X	X	X	X	X	Spa Clock
No Smoking Sign (Chem. Room)	X	X	X	X	X	Spa Rules
Depth Markings Not TUB or SPA - MIN 2	X	X	X	X	X	Diving Rules BUT posted
Entrance(s) Secure	X	X	X	X	X	Cliff Jumps < 15'
Floats and Fixed Platforms Permitted with LHA Approval	N/A					Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:26-3.22
Diving stands, boards, ladders, stairs, all equipment maintained	P	P	P	P	P	Pool chemicals stored, handled and used per manufacturer's instructions
Water slides conform to CPSC and approved by LHA and/or NJDCA	X	X	X	X	X	Anti-entrapment drain covers installed, all documentation on site 2019
Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12	N/A					Pool Floor (Clean and Visible)
Surface area (Pool sq')						Turnover Rate(s) (Pool)
Volume (Pool) 4,128						Pump Maximum Flow Rate(Pool)

SEE 1,000
Attached 1,500
2250

Name of Public Recreational Bathing Facility
Camp Riverben

Codes: X-Compliant P-Pending N/A-Not Applicable

EQUIPMENT

	1	2	3	4	SP		1	2	3	4	SP	
Facility Phone	X	X	X	X	X	CELL phone	Vacuum Equipment	X	X	X	X	NA
Guard (Uniform/Whistle)	X	X	X	X	X		Skimmer Net	X	X	X	X	Sweep
DPD Test Kit	X	X	X	X	X		# of Returns					See Attached
First Aid Kit	X	X	X	X	X		Sight glass					NA
Rescue Tube(s)/LG	X	X	X	X	X		Entrapment Issues	X	X	X	X	X
Backboard	X	X	X	X	X		Spa Requirements					NA
Straps	X	X	X	X	X		Wading Pool Requirements					NA
Head Immobilizer	X	X	X	X	X		Circulation System	X	X	X	X	X
Shepherd Hooks	X	X	X	X	X		Flow Meters	X	X	X	X	X
Reaching Poles/Assist	X	X	X	X	X		Continual Disinfection Device	X	X	X	X	X
Safety Rope and Floats	X	X	X	X	NA		Secure Fencing	X	X	X	X	X
Ring Buoys	X	X	X	X	X		Self Close/Self Latching Gates	X	X	X	X	X
Thermometer	P	P	P	P	NA		Diving Boards					NA
Goggles and Gloves	X	X	X	X	X		Water Clarity	X	X	X	X	X
Emergency numbers posted	X	X	X	X	X		Lifeguard platforms or stands	X	X	X	X	X
Paddle Rescue Device	NA						Emergency care room (500+)	X	X	X	X	X

GENERAL SANITATION AND MAINTENANCE

	1	2	3	4	SP		1	2	3	4	SP	
Bathrooms (Cleaned and Stocked)	NOT BY	NA					Only unbreakable mirrors provided	X	X	X	X	X
Separate BR facilities (each sex)	Pool	X	X	X	X		Sanitary sewage and filter backwash waters handled properly	X	X	X	X	X
Sanitary facilities maintained and constructed of impervious materials	X	X	X	X	X		Solid waste stored in watertight containers with tight-fitting lids	X	X	X	X	X
Floors have slip-resistant surface	X	X	X	X	X		Potable water supply source and of safe and sanitary quality	X	X	X	X	X
Suitable receptacles provided for paper towels and waste materials	X	X	X	X	X		All buildings rodent and insect proofed	X	X	X	X	X
Soap dispenser provided, hot and cold water	X	X	X	X	X		Premises maintained to prevent the breeding and harborage of vermin	X	X	X	X	X


CHEMICALS / DISINFECTANTS (POOLS)

	1	2	3	4	SP		1	2	3	4	SP	
Free Chlorine (10 ppm max)	P	P	P	P	P	5.4 (7.2-7.8)		P	P	P	P	P
Total Chlorine (ppm)	P	P	P	P	P		Total Alkalinity (60 - 180 ppm)	P	P	P	P	P
Combined Chlorine (< .2)	P	P	P	P	P		Calcium Hardness (ppm)	P	P	P	P	P
Other Disinfectant	P	P	P	P	P		Cyanuric Acid (10 - 100ppm) Outdoor	P	P	P	P	P

**CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES
(Continued)**

Name of Public Recreational Bathing Facility <i>Camp River bend</i>											
Codes: X-Compliant P-Pending N/A-Not Applicable											
SUPERVISION											
Operations supervised by an adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Aquatics Facility plan executed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Standard first aid and Pro CPR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All lifeguards identifiable <i>Red</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pools have TPO, TPO onsite weekly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lifeguards equipped with a whistle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate number of Lifeguards <i>22 Tot.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Drills documented	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>14/180</i>					BATHING WATER QUALITY						
Pool water approved water source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pool chemistry monitored (2 hrs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Water samples collected weekly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Deaths/serious injuries reported <i>NA</i>					
1 st sample failed warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd sample failure closure signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS											

I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.

Signature of Owner/TPO 	Title or Position <i>Director</i>
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DONNA M OSTMAN

Donna M. Ostman R. E. H. S.

**TOWNSHIP OF WARREN
46 MOUNTAIN BOULEVARD
WARREN, NJ 07059**

Pool Calculations

- **Pool 1: Big Pool**
 - 150,000 gallons
 - 4,128 Sq. Feet
 - 8.5 hour turnover rate
 - # of returns = 8
- **Pool 2: Frog Slide**
 - 18,000 gallons
 - 1,000 Sq. feet
 - 5 hour turnover rate
 - # of returns= 4
- **Pool 3: Upper pool**
 - 25,000 gallons
 - 1,500 Sq. feet
 - 5.5 hour turnover rate
 - # of returns= 4
- **Pool 4: Big slide pool**
 - 80,000 gallons
 - 2,250 Sq. feet
 - 8 hour turnover rate
 - # of returns= 10