

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>Beacon Hill</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>4300 Windor Drive</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	

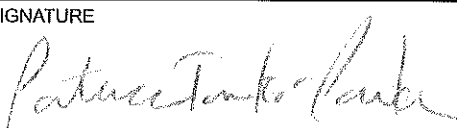
INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input checked="" 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>5/27/2022</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> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>61934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Beacon Hill Pool

Date

5/27/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Reinspection from 5/26/22.
	Follow violations have been abated:
	- Bathing rules are now hung up from code
	- Railings are secure
	- Tiles have been replaced
	- Bolts have been tightened and flush with concrete
	- Tiles removed from the bottom of the pool
	- Areas have been grouted + chips fixed
	- Pool bottom has been cleaned. Debris removed
	- Chemical log book onsite
	- Aquatic facility Plan provided
	- Diagram of facility provided
	- CB26 Form on file
	- Depth Markings have been repainted
	- Water Test Results are on file. <u>Conforms</u>
	Posted SATISFACTORY

Posted SATISFACTORY

Signature of Individual Completing Form

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