

## 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>Juniper Lane Swim Club</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>541 Juniper Lane</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"/> REINSPECTION <i>(other than initial inspection)</i>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	<b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/28/2021</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>
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.)

Waverland

Date

5/28/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Baby/Wading Pool - sign for adult with child
	Note: Baby Pool to be cleaned and passing water test before opening
	Aquatics Facility Plan - Need diagram + Zone of Protection Identified.
	Note: To send over certs for lifeguards prior to opening.
	Note: Sign with location of first aid kit
	Conditionally Satisfactory
	Note: No landline, Lifeguards use their cell phones.
Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc. if required

Pauline T. Parke

[Signature]