Linda Donnelly <linda.donnelly@springfield-nj.us>

# OPRA request - Documents allowing operation of swimming pool and spa inside 24 Hour Fitness, 75 Rt. 22, Springfield, NJ,

1 message

**D. L. Schatz** <opra+request-10152-8d1ced9e@requests.opramachine.com> Mon, Mar 2, 2020 at 1:24 PM
To: "OPRA requests at Springfield Township (Union)" <linda.donnelly@springfield-nj.us>

Dear Springfield Township (Union),

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

All permits, applications and exemptions to operate swimming pool and spa without a lifeguard on duty at 24 Hour Fitness, 75 Route 22 East, Springfield, NJ. And pre-operational inspections, operational inspections and completed forms or documents associated with operation of swimming pool and spa owned by 24 Hour Fitness, for location at 75 Route 22 East, Springfield, NJ.

Emergency plans/procedure for the swimming pool, spa, sauna and steam room at this location. Emergency plans/procedure for the entire facility at this location, as well.

Yours faithfully,

D. L. Schatz

Yours faithfully,

D. L. Schatz

emailed 3/17/20
Linda Donnelly.

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Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-10152-8d1ced9e@requests.opramachine.com

Is linda.donnelly@springfield-nj.us the wrong address for OPRA requests to Springfield Township (Union)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=springfield_township_union

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/documents_allowing_operation_of

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

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Vending Machines

F-33
Jan. 77

# SANITARY INSPECTION REPORT

## IDENTIFICATION

| OWNER INFORMATION (Complete this section only if different from establishment information) | | | ESTABLISHMENT INFORMATION | | |
|---|---|---|---|---|---|
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT | | | ESTABLISHMENT TRADING NAME. 24 hour Fitness | | |
| NUMBER AND STREET | COUNTY | | NUMBER AND STREET 75 US 22 East | COUNTY Union | |
| MUNICIPALITY | STATE | | MUNICIPALITY Springfield | ZIP CODE 07081 | TELEPHONE NO. 9739128675 |
| ZIP CODE | COMUN. CODE | | ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE | |

## INSPECTION

TYPE OF ESTABLISHMENT
- [X] 1 RETAIL
- [ ] 2 OTHER (Specify)
- [ ] 3
- [ ] 4

ESTABLISHMENT CODE: 1

GOODS
- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [X] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

| TIME - (2400 HOURS) | | |
|---|---|---|
| DATE | BEGIN | END |
| 2/29/2020 | 1:45 pm | |
| | | |

## EVALUATION

- [X] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

## OFFICIAL(S)

| LOCAL BOARD OF HEALTH | INSPECTING OFFICIAL |
|---|---|
| NAME, ADDRESS AND TELEPHONE NUMBER (print) Springfield Board of Health, 100 Mountain Ave, Bloomfield, NJ 07003 | INSPECTOR'S NAME AND TITLE Sagar Patel, REHS |
| | INSPECTOR'S SIGNATURE Sagar Patel |
| HEALTH OFFICER Michael Fitzpatrick | INSPECTOR'S PERM. REG. NO. B15301 |

MGL PRINTING SOLUTIONS (908) 665-1999 M002-33 Q

## CONTINUATION SHEET
(For Inspections, Surveys, Audits, etc.)

| NAME (Individual, Facility, Establishment, etc.) | DATE |
|---|---|
| 24 Hour Fitness | 2/19/2020 |
| MUNICIPALITY: Springfield | TEL., CODE or ID NO. |

| ITEM NO. | REMARKS |
|---|---|
| | A Routine inspection was conducted on 2/19/2020 at 24 hour Fitness |
| | Establishment is a Gym with Retail Space in front of Establishment |
| | No food item is handled on site, 1 Vending machine, 3 Beverage Refrigeration |
| | units in Front. |
| | Victory Pest Control 1x Month |
| | Pool was inspected last week by Jevine McDonald |
| | CPO Shawn Brown |
| | Establishment has been granted permission to open |

| SIGNATURE OF INDIVIDUAL COMPLETING FORM | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED |
|---|---|
| | |

| SPRINGFIELD | SPRINGFIELD Health Dept | 2/13/2020 |
|---|---|---|
| Name of Public Recreational Bathing Facility: 24 Hour Fitness | | |
| Dates of Operation: 2/13/2020 | | Type of PRB Facility: Pool & Spa |
| PRB Facility Location: 75 Route 22 E | Phone Number: 908-245-5002 | Special Exemption: Yes / No / Both |
| Owner's Name and Address: 24 Hour Fitness USA Inc | | Phone Number: 925-543-3831 |
| Certified Laboratory: Garden State Lab | Phone Number: 1-800 273 8901 | Date of Last Sample: 2-10-2020 |
| Trained Pool Operator (TPO): Shawn Brown | Email Address: mt6152@24hourfit.com | Phone Number: (973) 715-6102 |

CODES: X = Compliant; P = Pending; N/A = Not Applicable

## SUBCHAPTER 2. ADMINISTRATION

8:26 – 2.7 Operator inspection of swimming pools, wading pools, hot tubs, and spas

| | |
|---|---|
| ✓ | a. TPO visits the swimming pool, wading pool, hot tub, or spa, at least once per week to ensure that the facility is in compliance with the requirements of this chapter |
| ✓ | b. TPO visits are documented in writing and documents are available for inspection by the Health authority. |

CODES: X = Compliant; P = Pending; N/A = Not Applicable

## SUBCHAPTER 3. SWIMMING POOLS

8:26 - 3.1 Construction and design

| | |
|---|---|
| ✓ | The construction, design, signage, and safety features of a new or altered swimming pool or wading pool conforms to the requirements of the NJ Uniform Construction Code (UCC), N.J.A.C. 5:23. |

8:26 - 3.2 Construction materials

| | |
|---|---|
| ✓ | All construction materials conform to the requirements of the NJ Uniform Construction Code (UCC), N.J.A.C. 5:23. |

8:26 - 3.9 Surface skimming system

| | |
|---|---|
| ✓ | (a) A surface skimming system provided in all swimming pools. |
| ✓ | (b) The surface skimming system conforms to the requirements of the NJ Uniform Construction Code (UCC), N.J.A.C. 5:23. |

8:26 - 3.12 Fencing and enclosures

| | |
|---|---|
| ✓ | (a) Fencing and enclosures conform to the requirements of the NJ Uniform Construction Code (UCC), N.J.A.C. 5:23. (door) |
| NA | (b) A minimum four-foot high barrier installed around a wading pool. The barrier has a self-closing and self-latching gate. |

8:26 - 3.13 Electrical, illumination, and ventilation requirements

| | |
|---|---|
| ✓ | (a) All electrical wiring, illumination, ventilation, and bonding and grounding certification, conforms to the requirements of the NJ Uniform Construction Code (UCC), N.J.A.C. 5:23. |
| NA | (b) Bonding and grounding certification provided annually by the owner or operator of a seasonal swimming / wading pool to the health authority prior to the opening of the swimming / wading pool. — Scheduled for 2021 |

8:26 - 3.15 Circulation systems

| | |
|---|---|
| ✓ | (a) Pump rotation direction clearly indicated on the pump and all visible piping. |
| ✓ | (b) Filters are designed so that filtration surfaces can be inspected and serviced. |
| ✓ | (c) Pressure filters have sight glasses, or the equivalent, installed on the wastewater discharge line in order that filter washing progress may be determined. The sight glasses are readily removable for cleaning purposes. |
| ✓ | (d) The circulation system contains a pump suction (vacuum) gauge, filter inlet and filter outlet pressure gauge, and flow meter. |

8:26 – 3.17 Protection of potable water

| | |
|---|---|
| ✓ | (a) Protection of the potable water supply conforms to the requirements of the NJ Uniform Construction Code, N.J.A.C. 5:23. |
| NA | (b) An alternate method of adding potable makeup water may be employed with the approval of the health authority. |

8:26 - 3.18 Wading pools

| | |
|---|---|
| NA | (a) Newly constructed wading pools physically set apart from swimming pools by a minimum of six feet of deck. |
| NA | (b) Single main drains are prohibited in newly constructed wading pools and comply with the Uniform Construction Code, N.J.A.C. 5:23. |
| NA | (c) Existing wading pools with a single main drain, other than gravity flow, has an automatic shutoff that goes into operation when the drain becomes covered. |
| NA | (d) Wading pools have a maximum depth of 24 inches. The water depth may be reduced to zero inches at the most shallow point of the wading pool. |
| NA | (e) Wading pools have a separate circulation system of adequate size to turn over the entire pool water capacity at least once every hour. |

8:26 - 3.19 Water slides

| | |
|---|---|
| NA | (a) Water slides may be permitted with approval by the health authority, provided the construction and supervision at the water slide conforms to the requirements of the US Consumer Product Safety Commission standard for swimming pool slides, 16 CFR Part 1207. |
| NA | (b) Water slides that exceed 15 feet in height conform to the requirements of the NJ Department of Community Affairs, N.J.A.C. 5:14A. |



Satisfactory Rating Given 2/13/2020 PETE BATES

| | |
|---|---|
| | (b) Filters are designed so that filtration surfaces can be inspected and serviced. |
| ✓ | (c) Pressure filters have sight glasses |
| ✓ | (d) The circulation system contains a pump suction (vacuum) gauge, filter inlet pressure gauge, filter outlet pressure gauge, and flowmeter. |

8:26-4.8 Disinfection

| | |
|---|---|
| ✓ | (a) Disinfecting equipment: |
| ✓ | 1. Provides adequate and appropriate feeding of a disinfectant into the circulation system |
| ✓ | 2. Consistently maintains the disinfectant residual |
| ✓ | 3. Withstands wear in the course of normal use. |
| ✓ | (b) Gas chlorination is prohibited. |
| ✓ | (c) Chemical feeders are only be permitted if their installation conforms to the following: |
| ✓ | 1. Chemical feeders are installed downstream from the filter and heater. |
| ✓ | 2. Where the chemical feeder is equipped with its own pump, the pump is installed so that it introduces the solution downstream from the heater and at a position lower than the heater outlet fitting. |
| ✓ | 3. Chemical feeders only operate when filter pump is running. |
| ✓ | 4. Erosion-type feeders are allowed to feed their solution to the suction side of the pump. |
| ✓ | (d) Electrolytic chlorine generators, when used for producing chlorine for disinfection, conform to the following: |
| ✓ | 1. Electrolytic chlorine generators ensure an adequate feed of chlorine residual. |
| ✓ | 2. A sodium chloride test kit provided |
| ✓ | (e) Bromination, when used for disinfection, conforms to the following: |
| ✓ | 1. A bromine test kit available |
| ✓ | 2. Brominator equipment rooms ventilated. |

8:26-4.9 Air induction systems

| | |
|---|---|
| ✓ | (a) An air induction system prevents water back-up to eliminate electrical shock hazards |
| ✓ | (b) Air intake sources do not introduce contaminants. |

8:26-4.12 Depth markings

| | |
|---|---|
| ✓ | (a) There is a minimum of two depth markings per hot tub or spa. (2) 3'-6" floor (2) inside 3'-6" |
| ✓ | (b) Depth markings accurate and in compliance with the UCC |

8:26-4.13 Existing hot tubs and spas

| | |
|---|---|
| N/A | (a) Alterations conform to the requirements of the UCC. |
| N/A | 1. "Existing" means installed and in use prior to September 7, 2010. |
| | 2. Alterations require approval by the health authority in addition to local code officials. |
| | 3. Submit to the health authority all plans. |
| N/A | (b) The provision for heater and temperature requirements at N.J.A.C. 8:26-4.3 and the disinfection requirements at N.J.A.C. 8:26-4.8 apply to existing hot tubs and spas. |
| N/A | (c) All existing hot tubs and spas comply with the Virginia Graeme Baker Pool and Spa Safety Act |

8:26-4.14 Aquatic recreation facilities

| | |
|---|---|
| N/A | All provisions of this subchapter and N.J.A.C. 5:14A12, Water Amusement Rides, administered by the Department of Community Affairs, apply to aquatic recreation facilities. |

## CODES: X=Compliant P=Pending N/A=Not Applicable

## SUBCHAPTER 5 WATERFRONT SAFETY

8:26-5.1 Specially exempt facilities from first aid personnel and lifeguard requirements only

| | |
|---|---|
| N/A | (a) This exemption shall not apply to specially exempt facilities which use ocean waters for bathing. |
| ✓ | (d) Facilities that do not voluntarily comply, 3'x4' sign posted at every entrance to each swimming area. |
| ✓ | 1. Sign prominently displayed at every entrance to pool and shall state: |
| ✓ | "No lifeguard on duty" |
| ✓ | "Persons under the age of 16 must be accompanied by an adult" |
| ✓ | "No Swimming alone". |
| N/A | (e) At Campgrounds, hotels, motels, mobile home parks or retirement communities, the sign also states: |
| N/A | 1. The sign shall also state: "This swimming area is closed when the owner or manager is not on premises." |
| N/A | 2. Also posted on a 8"x10" sign at the registration desk and in each guest room. |

8:26-5.2 Swimming pool supervision

| | |
|---|---|
| ✓ | (a) Under the management of a designated adult supervisor. The name and telephone number posted. – FRONT DESK Posting 4/15/19 |
| ✓ | (b) 1 person certified in standard first aid and professional level (CPR) on the premises, available, and readily accessible when the swimming pool is in use. Staff (PJ's) |
| ✓ | (c) Pool under the supervision of a trained pool operator (TPO). Sharon Brown |
| N/A | (d) 1 lifeguard on duty for 60 or less swimmers. On-duty lifeguards identified. No distractions, and whistles provided. |
| N/A | (e) Lifeguard stands provided for swimming pools surface area >2,000 square feet. Elevated and located at the water's edge, clear view. |
| ✓ | (f) Written aquatics supervision plan. Maintained on-site. Plan is complete. |

8:26-5.3 Emergency equipment for swimming pools

| | |
|---|---|
| | (a) The owner or operator shall provide the swimming pool with the following readily accessible emergency equipment: |
| ✓ | (2) 1. One (1) or more assist poles or life hooks. Telescoping poles and plastic hooks that snap on shall not be used. |
| ✓ | (1) 2. One or more rescue tubes for each lifeguard on duty. |

8:26-5.15 Aquatic recreation facility supervision

| | |
|---|---|
| N/A | All provisions of this subchapter and N.J.A.C. 5:14A-12, Water Amusement Rides, administered by the Department of Community Affairs, shall apply to aquatic recreation facilities, except that the phrase "and 60 or less bathers" in N.J.A.C. 8:26-5.2(d)1 shall not apply to wave pools. |

CODES: X = Compliant; P = Pending; N/A = Not Applicable

## SUBCHAPTER 6. GENERAL SANITATION, MAINTENANCE AND OPERATIONS

8:26-6.1 General Provisions NEW

| | | |
|---|---|---|
| ✓ | (a) | All pools, hot tubs, spas, aquatic recreation facility, or bathing beach maintained in a clean, sanitary, and safe condition |
| ✓ | (b) | Dressing rooms and bathrooms provided at all public recreational bathing facilities. |
| ✓ | (c) | Public recreational bathing facilities constructed prior to September 7, 2010 except aquatic recreation facilities |
| ✓ | (1) | Dressing rooms and bathrooms provided 50 feet of pool, wading pool, hot tub or spa and at the entrance to the bathing beach |
| ✓ | (2) | At least one bathroom provided. May be portable |
| N/A | (3) | Existing condominiums where all residences are within 100ft of pool, dressing room not required |
| ✓ | (d) | Dressing rooms and bathrooms comply with uniform construction code N.J.A.C 5:23 |
| ✓ | (e) | Requirement for dressing rooms and bathrooms at pools, wading pools, spas, hot tubs or aquatic recreation facilities constructed prior to the Uniform construction code-Plumbing, may be increases, modified or waived. |
| ✓ | (f) | All pools, hot tubs, spas, aquatic recreation facility, or bathing beach maintained in a clean, sanitary, and safe condition |

8:26-6.2 Dressing rooms and bathrooms

| | | |
|---|---|---|
| ✓ | (a) | Dressing rooms and bathrooms conform to the requirements of the Uniform Construction code, N.J.A.C 5:23 |
| ✓ | (b) | Line of sight broken at the entrances and exits of the bathrooms and dressing rooms. |

8:26-6.3 Showers

| | |
|---|---|
| | Showers conform to the requirements of the Uniform Construction code-Plumbing N.J.A.C 5:23 |

8:26-6.4-Bathrooms

| | | |
|---|---|---|
| ✓ | (a) | Bathrooms conform to the requirements of the Uniform Construction code-Plumbing N.J.A.C5:23 |
| ✓ | (b) | Fixtures conform to following requirements |
| ✓ | 1. | Toilet tissue holders, adequate supply of toilet tissues |
| ✓ | 2. | Receptacles provided for waste materials. Womens receptacles covered |
| ✓ | 3. | Common towels not permitted |
| ✓ | 4. | Soap dispensers provided |
| ✓ | 5. | Shatter resistant mirrors provided |
| ✓ | 6. | Portable bathrooms shall comply (b) 1 and 4. Hand sanitizer may be used. |

8:26-6.5-Wastewater disposal Public Septic

| | | |
|---|---|---|
| ✓ | (a) | Wastewater disposal system adequate size. |
| | (b) | Sanitary sewage and filter backwash waters disposed of without creating nuisances. |
| | (c) | Overflow water returned to the filter system or discharged to a waste system |
| | (d) | Backwash water discharged properly. |
| | (e) | All wastewater shall be disposed of by one of the approved methods |
| | 1. | The discharge of any wastewater into sanitary sewer + |
| | 2. | The discharge of any waste water into natural waters is not be approved without NJDES permit |
| | 3. | Subsurface sewage disposal system conforms to the requirements |

8:26-6.6-solid waste disposal

| | | |
|---|---|---|
| | (a) | Solid waste disposed of properly |
| | (b) | Adequate number of containers |
| | (c) | Bulk storage facilities large enough for all garbage storage |
| | (d) | Storage areas for trash clean and no nuisance |

8:26-6.7-potable water supply - Public

| | |
|---|---|
| ✓ | Potable water adequate, safe, sanitary. |

8:26-6.8-drink water facilities

| | |
|---|---|
| ✓ | Drink water facilities conform to the uniform construction code |

8:26-6.9-Food service

| | |
|---|---|
| WIP | Food service suppliers conform to the Retail food establishment code |

8:26-6.10-Plumbing

| | |
|---|---|
| ✓ | Plumbing conforms to the uniform construction code |

8:26-6.11-Insect, rodent, and weed control Pest Control- Victory Monthly will advise

| | | |
|---|---|---|
| N/A | (a) | Application conforms to the New Jersey pesticide control code |
| | (b) | Control measures used to minimize and/or eliminate the presence of rodent, flies, roaches, and other vermin |
| | (c) | Buildings and storage areas are rodent and insect proofed. |
| N/A | (d) | Poison ivy, poison oak, poison sumac and ragweed controlled |

8:26-6.12-recreational equipment

| | | |
|---|---|---|
| ✓ | (a) | Recreational equipment inspected at least once a week (Noodles, Weights, Kick Boards) |
| ✓ | (b) | Written records provided for one year |
| ✓ | (c) | Recreational equipment in safe operating condition |

8:26-6.13-operational requirements for swimming pools

| | | |
|---|---|---|
| ✓ | (k) | Provide satisfactory residual effect that are easily measured and effective in conditions of use as chlorine concentrations N.J.A.C 8:26-7.8 |
| ✓ | 4. | Test kit available, used and results documented |
| ✓ | 5. | Chemical controller systems comply with requirements and N.J.A.C8:26-3.22(d) |
| ✓ | 6. | Electrolytic chlorine generators conform to |
| ✓ | (i) | Adequate feed to meet chlorine residual |
| ✓ | (ii) | Sodium chloride test kit provided |
| N/A | 7. | Bromination conform to 2.0 |
| | (i) | Bromine test kit provided for pool and wading pools |
| | (ii) | Brominator equipment rooms constructed and ventilated |
| ✓ | (m) | Depth markings plainly and conspicuously marked in feet and inches |
| ✓ | (n) | All equipment, fixtures and circulation system maintained in good working order |

8:26-6.15 Operational requirements for aquatic recreation facilities

| | |
|---|---|
| ✓ | The provisions of the N.J.A.C 8:26-6.13 and 6.14 and the operations provisions of N.J.A.C. 5:14A-12, water amusement rides, administered by the Department of community affairs, shall apply to aquatic recreation facilities |

8:26-6.16 General Sanitation

| | | |
|---|---|---|
| ✓ | (a) | Dressing room, shower and bathroom requirements are as follows |
| ✓ | 1. | Walls, partitions, screen in good repair |
| ✓ | 2. | Dressing rooms, showers, and bathroom maintained, cleaned and disinfected daily |
| ✓ | 3. | Wood slats or wood flooring conducive to slipping, tipping or falling not used in showers |
| ✓ | 4. | Toilets enclosed with non-corrosive partitions and good conditions. |
| ✓ | (b) | Bathing beach owner or operator maintain areas free from solid waste. |
| ✓ | 1. | Garbage stored in durable, fly tight, water resistant containers with tight fitting lids |
| ✓ | (c) | The maintenance, repair and control of plumbing conform to the Uniform Construction code N.J.A.C 5:23 |

CBZ

—SPA emptied weekly

CODES: X=Compliant P=Pending N/A=Not Applicable

## SUBCHAPTER 7 SAMPLING AND WATER QUALITY CRITERIA

8:26-7.1 Water Source

| | | |
|---|---|---|
| | (a) | Potable water from approved source Public |
| | (b) | Fresh water alternate source < 320 E.coli |
| N/A | (c) | Salt water for salt water pools source <104 E.coli |

8:26-7.2 Microbiological sampling for public recreational bathing places

| | |
|---|---|
| N/A | Microbial analyses for PRB places performed by a laboratory certified DEP-for waste water or EPA for non-potable water. |

8:26-7.3 Sample collection for swimming pools, wading pools, hot tubs, spas, and aquatic recreation facilities

| | | |
|---|---|---|
| ✓ | (a) | Water samples are collected prior to opening for the season and when the swimming pool, wading pool, hot tub, spa, or aquatic recreation facility is in use and during periods of maximum user load. Hour of day and day of week of sample collection is varied to obtain, over a period of time, a representative sampling of the sanitary quality of the swimming pool, wading pool, hot tub, spa, or aquatic recreation facility. |
| ✓ | (b) | Sampling is done at least once every week during periods of maximum user load. *For swimming pools using disinfection and filtration, sampling may be done biweekly, following three months of consecutive satisfactory sample results. 1ST Sample 2/10/2020 |
| ✓ | (c) | All sample containers are sterilized and treated with sodium thiosulfate to reduce chlorine or other halogens present in the water at the time the sample is collected. |
| | (d) | This subchapter's outlined sampling technique is used *Refer to 8:26-7.3 (d) 1–8. |

8:26-7.4 Documentation of sampling times, date, sample acquisition location, sample ID, and analysis listed to be performed

8:26-7.5 Microbiological water quality standards for swimming pools and ~~wading pools~~

| | | |
|---|---|---|
| ✓ | (a) | Results do not exceed 200/ml |
| ✓ | (b) | Total coliform densities (results): |
| ✓ | 1. | None of the 10 standard 10 milliliter nor, 1-100 ml portions shall show the presence of the coliform group. |
| ✓ | 2. | Membrane filtration technique; # of coliform <colony per 100 ml. |

8:26-7.6 Sample results that do not meet PRB water quality standards

| | | |
|---|---|---|
| ✓ | (a) | Notify, within 1 hour, local and state authorities and operator responsible for the bathing water by e-mail-as prescribed by the local Health Department. |
| ✓ | | Email: Under |
| ✓ | 1. | Local Health Department |
| ✓ | 2. | State Health Department GSL |
| ✓ | 3. | Operator |
| ✓ | (b) | Written notice within 24 hrs. to _____(address) |
| ✓ | (c) | Resampling within 24 hrs. of initial failed results-completed |

8:26-7.7 Chemical and physical water quality analyses for swimming pools ~~and wading pools~~

| | | |
|---|---|---|
| ✓ | (a) | Pools monitored every 2 hrs. and documented for PH and CL or other disinfectant. |
| ✓ | (b) | Samples taken and documented for PH and CL during microbial sample. |
| ✓ | (c) | DPD test kits used. |
| ✓ | (d) | Color comparators available for inspection. |
| | (e) | Bund log contains time, date results, initials, bather load, water clarity, water temperature, and weather conditions and available. |

8:26-7.8 Chemical water quality standards for swimming pools and wading pools

See attachment for GSL Results

# CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

*Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).*

| | | |
|---|---|---|
| NAME OF LOCAL HEALTH DEPARTMENT<br>**Springfield, NJ** | | Date<br>**02/06/2020** |
| Address | | Phone Number<br>**973-593-3079** |
| Name of Inspector<br>**Zerlina MacDonald** | Permit Number | County |

**FACILITY INFORMATION**

| | | |
|---|---|---|
| Facility Name<br>**24 Hour Fitness** | | Facility's Fax Number |
| Facility Street Address<br>**75 Route 22 East** | Municipality<br>**Springfield** | Zip Code<br>**07081** |
| Contact Person<br>**Elba Ismailoglu** | Contact's Phone Number<br>**203-526-0484** | Contact's Email |
| Name of Owner or Responsible Party<br>**24 Hour Fitness USA, Inc.** | | Owner's Email or Fax Number<br>**licenseandpermitcoord@24hourfit.** |

**POOL/SPA INSPECTION DETAILS**

| | | |
|---|---|---|
| Select applicable:<br>☒ Swimming Pool<br>☐ Spa | Year Built<br>**2020** | Hours of operation<br>_____ AM to _____ PM<br>Weekdays: _____ Weekends: _____ |
| Location of Structure<br>☒ Indoor ☐ Outdoor | Is it a water park?<br>☐ Yes ☐ No | Select the correct Number of Drain Covers Replaced:<br>☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 |

Description of Pool/Spa
☒ Swimming Pool / Deepest End: **5'-0"** Feet ☐ Spray Pool ☐ Slide Catch Pool
☐ Wading Pool / Depth: _____ ☐ Spa/Hot Tub / Depth: _____

| | | |
|---|---|---|
| Documents (final receipts, work order) used as proof:<br>*(Select and obtain all necessary information below.)* | ☐ Copy of Receipt<br>☐ Copy of Work Order | Date of Installation<br>**02/01/2020** |
| Name of Company<br>**Caribbean Blue Pools & Spas** | Address<br>**347 Route 23 South, Pompton Plains, NJ 07444** | |
| Name of Person Who Performed the Work<br>**David Trull** | Telephone Number<br>**973-283-7978** | Fax Number |
| Shape of the New Drain Covers<br>☒ Square ☐ Octagon ☐ Round ☐ Other Shape: | | Dimensions of New Drain Covers<br>**9 x 9** Inches |

Make and Model Number of Cover(s):

| Cover | Make | Model No. |
|---|---|---|
| 1 | **Lawson Aquatics** | **mld-sg-0909-wt** |
| 2 | **Lawson Aquatics** | **mld-sg-0909-wt** |
| 3 | | |

Are the covers VGB compliant?
☒ Yes ☐ No *(If "No", please explain)*

Was there a secondary back-up system installed?
☐ Yes ☒ No *(if "Yes," describe type)*

**DETAILS ABOUT THE NEW DRAIN COVER(S)**

| | | | |
|---|---|---|---|
| Cover Expiration Date<br>**02/01/2030** | Cover Flow Rate<br>**261** (gal./min.) | Pump Flow Rate<br>**95 GPM** (gal./min.) | Sump Size/Type<br>**42.12"** |
| Type of Main Drain<br>☒ Dual ☐ Single | Does it have equalizer outlets?<br>☒ Yes ☐ No | How many equalizer outlets?<br>4 | Was existing system altered?<br>☐ Yes ☒ No |

**Result of Inspection:**
***(For local health authority use only)*** ☐ **Approved/Certified** ☐ **Conditional**

**OWNER'S ACKNOWLEDGEMENT**

*I,* **David Trull**, *have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with ASME/ANSI A112.19.8-2007; according to the VGBPSSA. I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.*

| | |
|---|---|
| Signature of Owner<br>*Mark Werner* | Signature of Witness |

CB-20
MAY 09

# CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

*Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).*

| | | |
|---|---|---|
| NAME OF LOCAL HEALTH DEPARTMENT<br>**Springfield, NJ** | | Date<br>**02/06/2020** |
| Address | | Phone Number<br>**973-593-3079** |
| Name of Inspector<br>**Zerlina MacDonald** | Permit Number | County |

## FACILITY INFORMATION

| | | |
|---|---|---|
| Facility Name<br>**24 Hour Fitness** | | Facility's Fax Number |
| Facility Street Address<br>**75 Route 22 East** | Municipality<br>**Springfield** | Zip Code<br>**07081** |
| Contact Person<br>**Elba Ismailoglu** | Contact's Phone Number<br>**203-526-0484** | Contact's Email |
| Name of Owner or Responsible Party<br>**24 Hour Fitness USA, Inc.** | | Owner's Email or Fax Number<br>**licenseandpermitcoord@24hourfit.** |

## POOL/SPA INSPECTION DETAILS

| | | |
|---|---|---|
| Select applicable:<br>☐ Swimming Pool<br>☒ Spa | Year Built<br>**2020** | Hours of operation<br>_____ AM to _____ PM<br>Weekdays: _____ Weekends: _____ |
| Location of Structure<br>☒ Indoor ☐ Outdoor | Is it a water park?<br>☐ Yes ☐ No | Select the correct Number of Drain Covers Replaced:<br>☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 |

Description of Pool/Spa
☐ Swimming Pool / Deepest End: _____ Feet ☐ Spray Pool ☐ Slide Catch Pool
☐ Wading Pool / Depth: _____ ☒ Spa/Hot Tub / Depth: 3'-6"

| | | |
|---|---|---|
| Documents (final receipts, work order) used as proof:<br>*(Select and obtain all necessary information below.)* | ☐ Copy of Receipt<br>☐ Copy of Work Order | Date of Installation<br>**02/01/2020** |
| Name of Company<br>**Caribbean Blue Pools & Spas** | Address<br>**347 Route 23 South, Pompton Plains, NJ 07444** | |
| Name of Person Who Performed the Work<br>**David Trull** | Telephone Number<br>**973-283-7978** | Fax Number |

Shape of the New Drain Covers
☒ Square ☐ Octagon ☐ Round ☐ Other Shape:

Dimensions of New Drain Covers
_____9 x 9___ Inches

Make and Model Number of Cover(s):

| Cover | Make | Model No. |
|---|---|---|
| 1 | Lawson Aquatics | mld-sg-0909-wt |
| 2 | Lawson Aquatics | mld-sg-0909-wt |
| 3 | Lawson Aquatics | mld-sg-0909-wt |

Are the covers VGB compliant?
☒ Yes ☐ No *(If "No", please explain)*

Was there a secondary back-up system installed?
☐ Yes ☒ No *(If "Yes," describe type)*

## DETAILS ABOUT THE NEW DRAIN COVER(S)

| | | | |
|---|---|---|---|
| Cover Expiration Date<br>**02/01/2030** | Cover Flow Rate<br>**261** (gal./min.) | Pump Flow Rate<br>**95 GPM** (gal./min.) | Sump Size/Type<br>**42.12"** |
| Type of Main Drain<br>☒ Dual ☐ Single | Does it have equalizer outlets?<br>☒ Yes ☐ No | How many equalizer outlets?<br>2 | Was existing system altered?<br>☐ Yes ☒ No |

**Result of Inspection:**
***(For local health authority use only)*** ☐ **Approved/Certified** ☐ **Conditional**

## OWNER'S ACKNOWLEDGEMENT

*I,* **David Trull,** *have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with ASME/ANSI A112.19.8-2007; according to the VGBPSSA. I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.*

| | |
|---|---|
| Signature of Owner<br>*Mark Werner* | Signature of Witness |

CB-20
MAY 09

# CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

*Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).*

| | | |
|---|---|---|
| NAME OF LOCAL HEALTH DEPARTMENT<br>Springfield, NJ | | Date<br>02/06/2020 |
| Address | | Phone Number<br>973-593-3079 |
| Name of Inspector<br>Zerlina MacDonald | Permit Number | County |

**FACILITY INFORMATION**

| | | |
|---|---|---|
| Facility Name<br>24 Hour Fitness | | Facility's Fax Number |
| Facility Street Address<br>75 Route 22 East | Municipality<br>Springfield | Zip Code<br>07081 |
| Contact Person<br>Elba Ismailoglu | Contact's Phone Number<br>203-526-0484 | Contact's Email |
| Name of Owner or Responsible Party<br>24 Hour Fitness USA, Inc. | | Owner's Email or Fax Number<br>licenseandpermitcoord@24hourfit. |

**POOL/SPA INSPECTION DETAILS**

| | | |
|---|---|---|
| Select applicable:<br>☒ Swimming Pool<br>☐ Spa | Year Built<br>2020 | Hours of operation<br>_____ AM to _____ PM<br>Weekdays: _____ Weekends: _____ |
| Location of Structure<br>☒ Indoor ☐ Outdoor | Is it a water park?<br>☐ Yes ☐ No | Select the correct Number of Drain Covers Replaced:<br>☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 |

Description of Pool/Spa
☒ Swimming Pool / Deepest End: 5'-0" Feet ☐ Spray Pool ☐ Slide Catch Pool
☐ Wading Pool / Depth: _____ ☐ Spa/Hot Tub / Depth: _____

| | | |
|---|---|---|
| Documents (final receipts, work order) used as proof:<br>*(Select and obtain all necessary information below.)* | ☐ Copy of Receipt<br>☐ Copy of Work Order | Date of Installation<br>02/01/2020 |
| Name of Company<br>Caribbean Blue Pools & Spas | Address<br>347 Route 23 South, Pompton Plains, NJ 07444 | |
| Name of Person Who Performed the Work<br>David Trull | Telephone Number<br>973-283-7978 | Fax Number |
| Shape of the New Drain Covers<br>☒ Square ☐ Octagon ☐ Round ☐ Other Shape: | | Dimensions of New Drain Covers<br>9 x 9 Inches |

Make and Model Number of Cover(s):

| Cover | Make | Model No. |
|---|---|---|
| 1 | Lawson Aquatics | mld-sg-0909-wt |
| 2 | Lawson Aquatics | mld-sg-0909-wt |
| 3 | | |

Are the covers VGB compliant?
☒ Yes ☐ No *(If "No", please explain)*

Was there a secondary back-up system installed?
☐ Yes ☒ No *(If "Yes," describe type)*

**DETAILS ABOUT THE NEW DRAIN COVER(S)**

| | | | |
|---|---|---|---|
| Cover Expiration Date<br>02/01/2030 | Cover Flow Rate<br>261 (gal./min.) | Pump Flow Rate<br>95 GPM (gal./min.) | Sump Size/Type<br>42.12" |
| Type of Main Drain<br>☒ Dual ☐ Single | Does it have equalizer outlets?<br>☒ Yes ☐ No | How many equalizer outlets?<br>4 | Was existing system altered?<br>☐ Yes ☒ No |

**Result of Inspection:**
***(For local health authority use only)*** ☐ **Approved/Certified** ☐ **Conditional**

**OWNER'S ACKNOWLEDGEMENT**

*I,* **David Trull,** *have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with ASME/ANSI A112.19.8-2007; according to the VGBPSSA. I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.*

| | |
|---|---|
| Signature of Owner<br>Mark Werner | Signature of Witness |

CB-20
MAY 09

# FIVE YEAR CERTIFICATE

## "FEBRUARY 11TH, 2020"

## GROUND RESISTANCE AND BONDING TEST CERTIFICATE

FOR:

**24 HOUR FITNESS**
**75 US HIGHWAY 22**
**SPRINGFIELD, NEW JERSEY 07081**

*The Continuity and integrity of the pool and the whirlpool have been tested and found to be acceptable in accordance with the requirements of NJ State Law P.L. 1998, C. 137 and the requirements of the electrical sub-code of the Uniform Commercial Code.*

ACADEMY ELECTRICAL CONTRACTORS, INC. 17-A PALISADE AVE. EMERSON, N.J. 07630 * 201-666-7680 * FAX 201-666-7113
*License No.* EB 06441

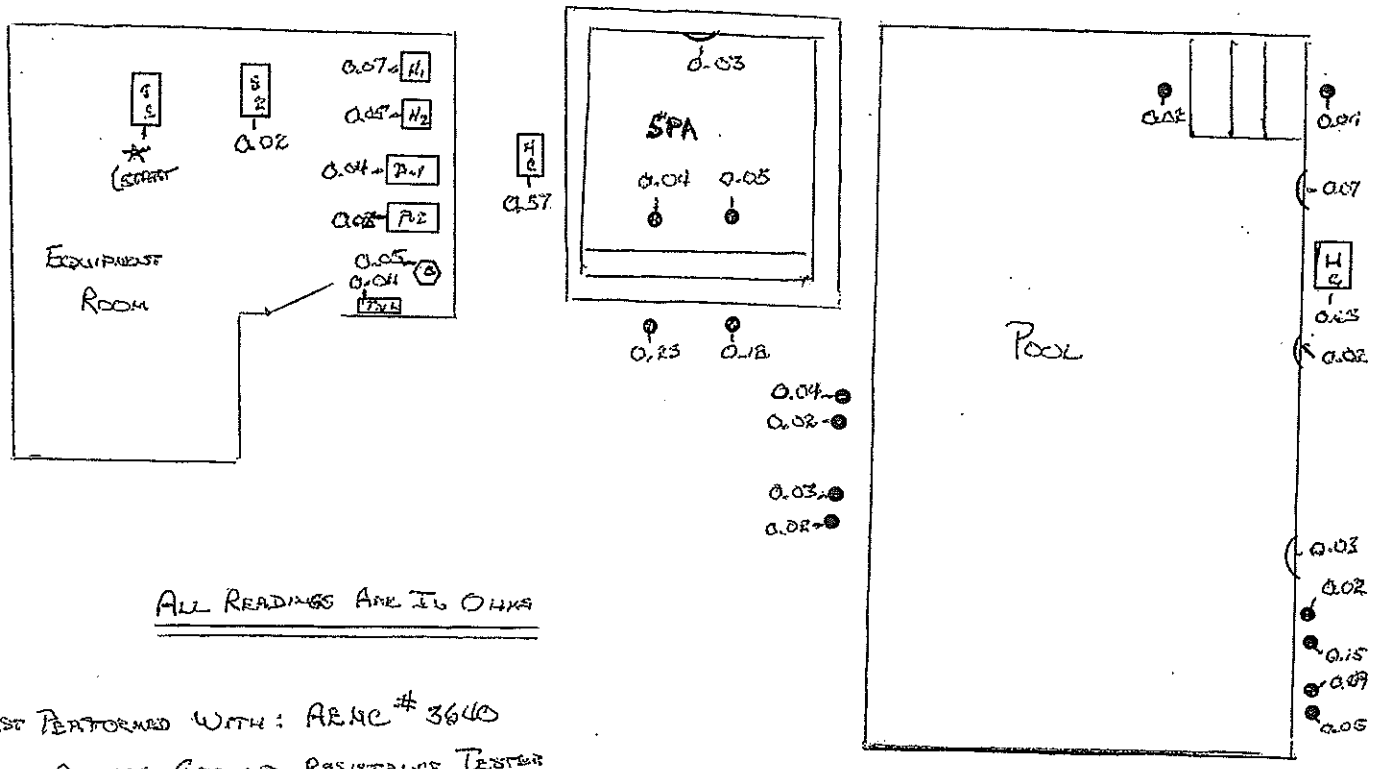
Daniel R O'Brien

DANIEL R. O'BRIEN

# Pool Bond Test Results for: 24 Hour Fitness Pool & Spa

75 US Rte 22
Springfield NJ 07081

Test Date: February 11, 2020
Tester: LMR




All Readings Are In Ohms

Test Performed With: AEMC # 3640
Analog Ground Resistance Tester
Serial # 11H59742
Test Frequency - 128 Hz
< 24 Volts Peak
Meter Certificate of Calibration Dated March 25, 2019

Ltr Pool
2 Ltr Tub

New Jersey Department of Health
Public Health and Food Protection Program

# CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES

| Municipality | Local Health Authority | Date |
|---|---|---|
| Springfield | Springfield HD | 2/7/2020 |

| Name of Public Recreational Bathing Facility | | |
|---|---|---|
| 24 Hour Fitness | | |
| **Dates of Operation** | | **Type of PRB Facility** |
| 02/22/2020 | | Pool/SPA |
| **PRB Facility Location** | **Phone Number** | **Special Exempt** |
| 75 RT22 E | 760-918-4746 | ☒ Yes ☐ No ☐ Both |
| **Owners Name and Address** | | **Phone Number** |
| 24 Hour Fitness USA, Inc. | | 925-543-3312 |
| **Certified Laboratory** | **Phone Number** | **Date of Last Sample** |
| Garden State | | |
| **Trained Pool Operator** | **Email Address** | **Phone Number** |
| Shawn Brown | (917)575-6102 | |

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

| PAPERWORK | | | |
|---|---|---|---|
| TPO Certification No. and Exp. Date | X | Log Book | X |
| Lifeguard Certifications Current | N/A | Bonding and Grounding (5-year cert.) | |
| Pro CPR Certifications Current | X | Bonding and Grounding (Town) | |
| Aquatics Facility Plan | X | CB-20 completed and submitted | |
| Water Sample(s) Results | X | MSDS sheets for all chemicals | |
| Sanitary Surveys (N.J.A.C. 8:26-7.15) | | Physical Hazards inspection | |
| **GENERAL LAYOUT** | | | |
| Emergency Phone Numbers | X | No Lifeguard on Duty Sign | X |
| Pool/Natural Waters Rules Sign | X | Adult Supervision Sign | X |
| No Diving Signs | X | Special Exempt Signs | |
| Caution Chemical Sign | X | Spa Clock | |
| No Smoking Sign (Chem. Room) | X | Spa Rules | X |
| Depth Markings | | Diving Rules | N/A |
| Entrance(s) Secure | | Cliff Jumps < 15' | |
| Floats and Fixed Platforms Permitted with LHA Approval | | 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 | | Pool chemicals stored, handled and used per manufacturer's instructions | |
| Water slides conform to CPSC and approved by LHA and/or NJDCA | | Anti-entrapment drain covers installed, all documentation on site | |
| Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12 | | Pool Floor (Clean and Visible) | |
| Surface area (Pool sq') | | Turnover Rate(s) (Pool) | |
| Volume (Pool) | | Pump Maximum Flow Rate(Pool) | |

## CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES
(Continued)

Name of Public Recreational Bathing Facility

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

| EQUIPMENT | | | |
|---|---|---|---|
| Facility Phone | X | Vacuum Equipment | |
| Eyewash Unit/Wash | N/A | Skimmer Net | |
| DPD Test Kit | | # of Returns | |
| First Aid Kit | X | Sight glass | |
| Rescue Tube/Shirt | N/A | Entrapment Issues | |
| Backboard | | Spa Requirements | |
| Straps | | Wading Pool Requirements | |
| Head Immobilizer | | Circulation System | |
| Shepherd Hooks | | Flow Meters | |
| Reaching Poles/Assist | | Continual Disinfection Device | |
| Safety Rope and Floats | | Secure Fencing | |
| Ring Buoys | | Self Close/Self Latching Gates | |
| Thermometer | | Diving Boards | |
| Goggles and Gloves | X | Water Clarity | |
| Emergency numbers posted | | Lifeguard platforms or stands | |
| Paddle Rescue Device | | Emergency care room (500+) | |

| GENERAL SANITATION AND MAINTENANCE | | | |
|---|---|---|---|
| Bathrooms (cleaned and Stocked) | | Only unbreakable mirrors provided | |
| Separate BR facilities (each sex) | | Sanitary sewage and filter backwash waters handled properly | |
| Sanitary facilities maintained and constructed of impervious materials | | Solid waste stored in watertight containers with tight-fitting lids | |
| Floors have slip-resistant surface | | Potable water supply source and of safe and sanitary quality | |
| Suitable receptacles provided for paper towels and waste materials | | All buildings rodent and insect proofed | |
| Soap dispenser provided, hot and cold water | | Premises maintained to prevent the breeding and harborage of vermin | |

| CHEMICALS / DISINFECTANTS (POOLS) | | | |
|---|---|---|---|
| Free Chlorine (10 ppm max) | | pH (7.2 – 7.8) | |
| Total Chlorine (ppm) | | Total Alkalinity (60 – 180 ppm) | |
| Combined Chlorine (≤ .2) | | Calcium Hardness (ppm) | |
| Other Disinfectant | | Cyanuric Acid (10 - 100ppm) Outdoor | |

## CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES
(Continued)

| Name of Public Recreational Bathing Facility | | | |
|---|---|---|---|
| **Codes:** X-Compliant P-Pending N/A-Not Applicable | | | |
| **SUPERVISION** | | | |
| Operations supervised by an adult | X | Aquatics Facility plan executed | X |
| Standard first aid and Pro CPR | X | All lifeguards identifiable | N/A |
| Pools have TPO,TPO onsite weekly | X | Lifeguards equipped with a whistle | N/A |
| Adequate number of Lifeguards | N/A | Emergency Drills documented | X |
| **BATHING WATER QUALITY** | | | |
| Pool water approved water source | | Pool chemistry monitored (2 hrs) | |
| Water samples collected weekly | | Deaths/serious injuries reported | |
| 1st sample failed warning signs | | 2nd sample failure closure signs | |

**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 |
|---|---|
| | |

## Macdonald Zerlina

**From:** Adrienne Rensink <adrienne@cbpoolsnj.com>
**Sent:** Thursday, February 13, 2020 9:31 AM
**To:** Macdonald Zerlina
**Cc:** Mark Werner; Shawn Engel; Connie Koska; Uilton Dossantos
**Subject:** FW: Caribbean Blue Pools 24 Hour Fitness Springfield Indoor Spa
**Attachments:** Print Report 2.pdf; Print Report 1.pdf

Zerlina,

Please see the attached lab results from the pool and spa water at the 24 Hour Fitness in Springfield.

*Best Regards,*
*Adrienne Rensink*
*Director of Operations*

CARIBBEAN BLUE
POOLS & SPAS
973-283-7978

**From:** Analytical Reports <results@gslabs.com>
**Sent:** Thursday, February 13, 2020 9:24 AM
**To:** Adrienne Rensink <adrienne@cbpoolsnj.com>
**Subject:** Caribbean Blue Pools 24 Hour Fitness Springfield Indoor Spa

This is an unmonitored e-mail account. Please do not respond to this e-mail.

Attached to this e-mail is your report of analysis. This is an additional generation of the report. If you have any questions regarding this report please call the laboratory at 1-800-273-8901 and we will be happy to help.

This is an automated e-mail. Please do not respond to this e-mail account, this is an unmonitored account and your message will not be seen. If you need to contact Garden State Laboratories, Inc. please e-mail info@gslabs.com.

# Garden State Laboratories, Inc.

*Bacteriological and Chemical Testing*


Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
Email: info@gslabs.com
Internet: www.gslabs.com

Main Lab
410 Hillside Avenue
Hillside, New Jersey 07205
NJDEP Lab Cert. #20044

Jersey Shore Lab
54 Main Street
Waretown, New Jersey 08758
NJDEP Lab Cert. #15037

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A., Laboratory Manager


## Report of Bathing Water Analysis

Caribbean Blue Pools
347 Route 23 South

Pompton Plains NJ 07444
ATT: Mark Werner

CLIENT #: C9901ID
REPORT #: 40021001002.00
DATE SAMPLED: 2/10/2020 9:30

Rcvd 2/13/2020
ZM

| Location | 24 Hour Fitness Springfield Indoor Spa | | |
|---|---|---|---|
| | Results | Conforms | Analyzed |
| P. aeruginosa | Absent | Yes | 2/10/2020 15:33 |
| Heterotrophic Plate Count | 5 | Yes | 2/10/2020 15:33 |
| pH | 7.4 | Yes | |
| Free Chlorine | 7.0 | Yes | |

Site Location:
24 Hour Fitness Springfield
75 Route 22 E
Springfield NJ

This sample conforms to State Public Recreational Bathing Standards for the above analyses.

| Comments | Sample, pH and disinfectant levels submitted by client.<br><br>Sample analyzed at Main Lab - NJDEP #20044 |
|---|---|

COPY SENT TO HEALTH AUTHORITY: [redacted]

Conforms (Yes/No): Designates whether results conform to State Standards for public recreational bathing water quality.

- pH results in standard units. pH shall be 7.2 to 7.8, ideally 7.4 to 7.6. When pH is reported as 6.8 the pH is 6.8 or below. When pH is reported as 8.2 the pH is 8.2 or above. Method - phenol red.
- Chlorine or bromine results in parts per million, ppm. Free Chlorine shall be 1.0 to 10.0 in swimming pools & 2.0 to 10.0 in whirlpools, hot tubs or spas. Bromine shall be 2.0 to 10.0 in swimming pools & whirlpools, hot tubs or spas. Method - DPD test kit.
- Heterotrophic Plate Count results in organisms per ml. HPC shall not exceed 200 organisms per ml.
- Total coliform in swimming pools, *Pseudomonas aeruginosa* in whirlpools, hot tubs or spas, *E. coli* in beaches, enterococcus in marine waters. Results in organisms per 100 ml. Total coliform and *Pseudomonas aeruginosa* results shall be less than 1 organism per 100 ml. *E. coli* results shall not exceed 320 organisms per 100 ml. Enterococcus results shall not exceed 104 organisms per 100ml.

Methods: HPC – SM 9215B, *Pseudomonas aeruginosa* - Pseudalert, *E. coli* – Colilert-04 MPN, entercoccus - USEPA 1600, total coliform - Colilert-04.

If there is an exceedance the local health authority should be contacted for information on corrective measures, resampling and closures.

For the latest public recreational bathing water information and a link to the New Jersey State Sanitary Code reg Recreational Bathing, N.J.A.C. 8:26, visit our website at www.gslabs.com/pools.html.

Harvey Klein


When sample is collected by Garden State Labs, it is taken in accordance with Sampling of Public Recreational Bathing Water SOP GSL.SRBW.02.00
Main Lab Certified by NJDEP #20044-TNI, NY Dept. of Health #11550, PADEP #68-03680

# Garden State Laboratories, Inc.

*Bacteriological and Chemical Testing*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Telephone 908-688-8900
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Email: info@gslabs.com
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NJDEP Lab Cert. #20044

Jersey Shore Lab
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NJDEP Lab Cert. #15037

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A., Laboratory Manager


## Report of Bathing Water Analysis

Caribbean Blue Pools
347 Route 23 South

Pompton Plains NJ 07444
ATT: Mark Werner

CLIENT #: C9901ID
REPORT #: 40021001001.00
DATE SAMPLED: 2/10/2020 9:30

Rcvd 2/13/2020

| Location | 24 Hour Fitness Springfield Indoor Pool | | |
|---|---|---|---|
| | Results | Conforms | Analyzed |
| Total Coliform | Absent | Yes | 2/10/2020 15:33 |
| Heterotrophic Plate Count | 5 | Yes | 2/10/2020 15:33 |
| pH | 7.4 | Yes | |
| Free Chlorine | 7.0 | Yes | |

Site Location:
24 Hour Fitness Springfield
75 Route 22 E
Springfield NJ

This sample conforms to State Public Recreational Bathing Standards for the above analyses.

| Comments | Sample, pH and disinfectant levels submitted by client.<br>Sample analyzed at Main Lab - NJDEP #20044 |
|---|---|

COPY SENT TO HEALTH AUTHORITY: [redacted]

Conforms (Yes/No): Designates whether results conform to State Standards for public recreational bathing water quality.

- pH results in standard units. pH shall be 7.2 to 7.8, ideally 7.4 to 7.6. When pH is reported as 6.8 the pH is 6.8 or below. When pH is reported as 8.2 the pH is 8.2 or above. Method - phenol red.
- Chlorine or bromine results in parts per million, ppm. Free Chlorine shall be 1.0 to 10.0 in swimming pools & 2.0 to 10.0 in whirlpools, hot tubs or spas. Bromine shall be 2.0 to 10.0 in swimming pools & whirlpools, hot tubs or spas. Method - DPD test kit.
- Heterotrophic Plate Count results in organisms per ml. HPC shall not exceed 200 organisms per ml.
- Total coliform in swimming pools, *Pseudomonas aeruginosa* in whirlpools, hot tubs or spas, *E. coli* in beaches, enterococcus in marine waters. Results in organisms per 100 ml. Total coliform and *Pseudomonas aeruginosa* results shall be less than 1 organism per 100 ml. *E. coli* results shall not exceed 320 organisms per 100 ml. Enterococcus results shall not exceed 104 organisms per 100ml.

Methods: HPC – SM 9215B, *Pseudomonas aeruginosa* - Pseudalert, *E. coli* – Colilert-04 MPN, entercoccus - USEPA 1600, total coliform - Colilert-04.

If there is an exceedance the local health authority should be contacted for information on corrective measures, resampling and closures.

For the latest public recreational bathing water information and a link to the New Jersey State Sanitary Code reg Recreational Bathing, N.J.A.C. 8:26, visit our website at www.gslabs.com/pools.html.

Harvey Klein

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A., Laboratory Manager

## Report of Bathing Water Analysis

24 Hour Fitness @ Springfield
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd. #300
San Ramon CA 94583
ATT: Uilton Dossantos

CLIENT #: C0021ID
REPORT #: 40021801049.00
DATE SAMPLED: 2/18/2020 8:32

| Location | Indoor Pool | | |
|---|---|---|---|
| | Results | Conforms | Analyzed |
| Total Coliform | Absent | Yes | 2/18/2020 16:36 |
| Heterotrophic Plate Count | <5 | Yes | 2/18/2020 16:36 |
| pH | 7.4 | Yes | Analyzed after 8 hour holding time. |
| Free Chlorine | 4.0 | Yes | |

Site Location:
75 Rt 22 East
Springfield NJ 07081

This sample conforms to State Public Recreational Bathing Standards for the above analyses.

| Comments | Sample analyzed at Main Lab - NJDEP #20044 |
|---|---|

COPY SENT TO HEALTH AUTHORITY: MADISON

Conforms (Yes/No): Designates whether results conform to State Standards for public recreational bathing water quality.

- pH results in standard units. pH shall be 7.2 to 7.8, ideally 7.4 to 7.6. When pH is reported as 6.8 the pH is 6.8 or below. When pH is reported as 8.2 the pH is 8.2 or above. Method - phenol red.
- Chlorine or bromine results in parts per million, ppm. Free Chlorine shall be 1.0 to 10.0 in swimming pools & 2.0 to 10.0 in whirlpools, hot tubs or spas. Bromine shall be 2.0 to 10.0 in swimming pools & whirlpools, hot tubs or spas. Method - DPD test kit.
- Heterotrophic Plate Count results in organisms per ml. HPC shall not exceed 200 organisms per ml.
- Total coliform in swimming pools, *Pseudomonas aeruginosa* in whirlpools, hot tubs or spas, *E. coli* in beaches, enterococcus in marine waters. Results in organisms per 100 ml. Total coliform and *Pseudomonas aeruginosa* results shall be less than 1 organism per 100 ml. *E. coli* results shall not exceed 320 organisms per 100 ml. Enterococcus results shall not exceed 104 organisms per 100ml.

Methods: HPC – SM 9215B, *Pseudomonas aeruginosa* - Pseudalert, *E. coli* – Colilert-04 MPN, entercoccus - USEPA 1600, total coliform - Colilert-04.

If there is an exceedance the local health authority should be contacted for information on corrective measures, resampling and closures.

For the latest public recreational bathing water information and a link to the New Jersey State Sanitary Code reg. Recreational Bathing, N.J.A.C. 8:26, visit our website at www.gslabs.com/pools.html.

Harvey Klein



2/21/2020 1:10pm Call GSL - Michelle Jones ref. to email results forwarding from Ben Somora to macdonald3

# Garden State Laboratories, Inc.

*Bacteriological and Chemical Testing*


Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
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Main Lab
410 Hillside Avenue
Hillside, New Jersey 07205
NJDEP Lab Cert. #20044

Jersey Shore Lab
54 Main Street
Waretown, New Jersey 08758
NJDEP Lab Cert. #15037

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A., Laboratory Manager


## Report of Bathing Water Analysis

24 Hour Fitness @ Springfield
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd. #300
San Ramon CA 94583
ATT: Ulton Dossantos

CLIENT #: C0021ID
REPORT #: 40021801050.00
DATE SAMPLED: 2/18/2020 8:39

| Location | Indoor Spa | | |
|---|---|---|---|
| | Results | Conforms | Analyzed |
| P. aeruginosa | Absent | Yes | 2/18/2020 16:36 |
| Heterotrophic Plate Count | <5 | Yes | 2/18/2020 16:36 |
| pH | 7.4 | Yes | |
| Free Chlorine | 4.0 | Yes | |

Site Location:
75 Rt 22 East
Springfield NJ 07081

This sample conforms to State Public Recreational Bathing Standards for the above analyses.

Comments: Sample analyzed at Main Lab - NJDEP #20044

COPY SENT TO HEALTH AUTHORITY: MADISON

Conforms (Yes/No): Designates whether results conform to State Standards for public recreational bathing water quality.

- pH results in standard units. pH shall be 7.2 to 7.8, ideally 7.4 to 7.6. When pH is reported as 6.8 the pH is 6.8 or below. When pH is reported as 8.2 the pH is 8.2 or above. Method - phenol red.
- Chlorine or bromine results in parts per million, ppm. Free Chlorine shall be 1.0 to 10.0 in swimming pools & 2.0 to 10.0 in whirlpools, hot tubs or spas. Bromine shall be 2.0 to 10.0 in swimming pools & whirlpools, hot tubs or spas. Method - DPD test kit.
- Heterotrophic Plate Count results in organisms per ml. HPC shall not exceed 200 organisms per ml.
- Total coliform in swimming pools, *Pseudomonas aeruginosa* in whirlpools, hot tubs or spas, *E. coli* in beaches, enterococcus in marine waters. Results in organisms per 100 ml. Total coliform and *Pseudomonas aeruginosa* results shall be less than 1 organism per 100 ml. *E. coli* results shall not exceed 320 organisms per 100 ml. Enterococcus results shall not exceed 104 organisms per 100ml.

Methods: HPC – SM 9215B, *Pseudomonas aeruginosa* - Pseudalert, *E. coli* – Colilert-04 MPN, entercoccus - USEPA 1600, total coliform - Colilert-04.

If there is an exceedance the local health authority should be contacted for information on corrective measures, resampling and closures.

For the latest public recreational bathing water information and a link to the New Jersey State Sanitary Code reg Recreational Bathing, N.J.A.C. 8:26, visit our website at www.gslabs.com/pools.html.

Harvey Klein

GSL 1800 273 8901

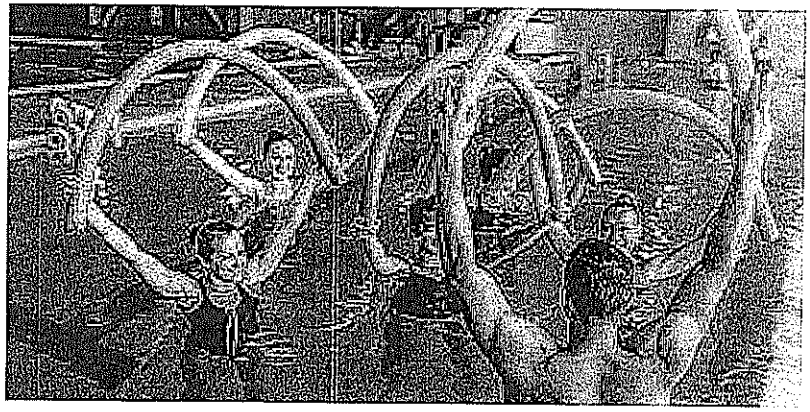
# 24 Hour Fitness

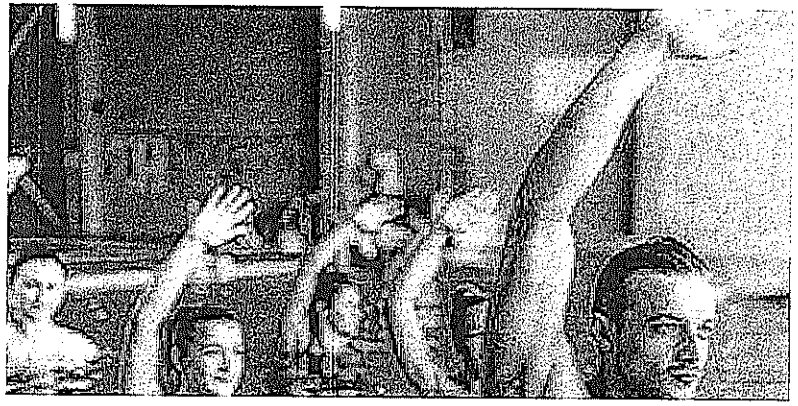
## Aquatics Facility Plan

75 US Highway 22, Springfield, NJ 07081

732-400-6065

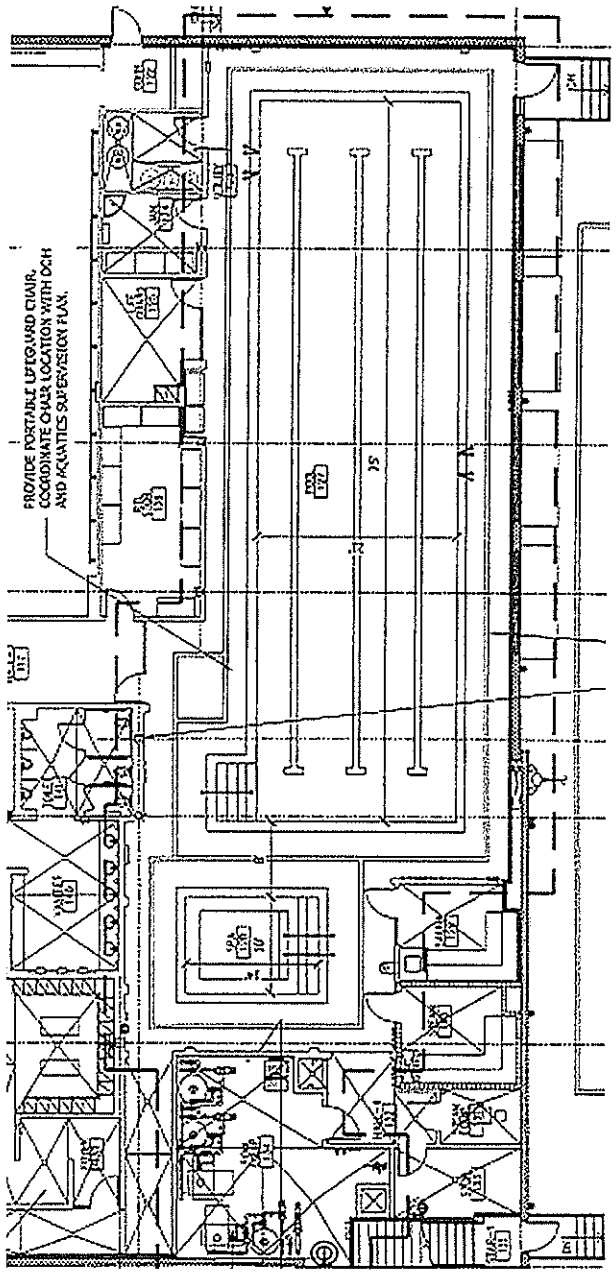
adrienne@cbpoolsnj.com





Contents

1. **Diagram of Facility:**



## Introduction:

This manual has been created to identify and define the operating requirements of the Aquatics Area.

The state regulation covering this 24 Hour Fitness swimming pool located at 75 US Highway 22, Springfield, NJ 07081 is subject to the "New Jersey State Sanitary Code Chapter IX, Public Recreational Bathing (NJAC 8:26)" with effective date of January 16, 2018 and an expiration date of January 16, 2025.

The Facility maintains one Certified Pool Operator to ensure compliance with applicable regulations.

## 2. Swimming Pool Evacuation Plan:

**EMERGENCY EVACUATION**

EMERGENCY EVACUATION IS THE RAPID REMOVAL OF PEOPLE FROM IMMEDIATE DANGER IN A SAFE AND ORDERLY MANNER

| | |
|---|---|
| DIAL 9-1-1 | · Activate emergency response if required |
| ANNOUNCE EVACUATION AND ASSEMBLY AREA | · Over the paging system: *"Attention all employees, members, and guests. The emergency evacuation procedure has been activated. Everyone is instructed to immediately exit the building by the nearest emergency exit. Your children are being assisted to the outside staging area by 24 Hour Fitness employees. All employees shall meet at the Staging Area located at (parking lot)"* |
| CHECK FACILITY / SECURE ASSETS | · Only if safe to do so:<br>> Club Management should check all rooms (locker rooms, storage areas, etc.) and note any persons who do not wish to evacuate<br>> Secure retail inventory and cash / lock POS registers |
| DURING EVACUATION | · Go to the nearest exit and designated staging area (follow the lighted exit signs)<br>· Walk, do not run, calm those who appear agitated around you and assist those who are slower moving or disabled<br>· Do not return to your desk or office to retrieve personal articles, phones, etc.<br>· Do not use elevators. Use the stairwell, and keep to the right hand side<br>· If fire or smoke is present:<br>>Stay low and crawl under the smoke to the nearest exit<br>>If an exit door is closed, feel the surface and do not open any door that is hot<br>Note: Club Management should ensure that individuals stay well clear of front entry to the club (for safety reasons and to enable public emergency response to gain unobstructed access to the building upon arrival) |
| FOLLOW INSTRUCTIONS | · Provided by Club Management or public emergency response team<br>· If not done already, Club Management should immediately exit the building once public emergency response team arrives on the scene and takes over |
| CONDUCT HEADCOUNT | · Once everyone has evacuated the building, conduct immediate headcount of team members and children<br>> Children should be accounted for using the emergency evacuation clipboard<br>> Do not leave the vicinity of external assembly area as this may disrupt the ability to conduct an accurate headcount<br>· Report any missing individuals, as well as their last known location, to Club Management and/or public emergency response<br>· Requests for release of children from assembly area should be through Lead Babysitter on duty (to include ID verification) |
| ALL CLEAR | · Do not re-enter facility until Club Management has been given the all clear by public emergency response team and/or is it clearly safe |

**3. Schedule for Lifeguards:**

This Health Club is operating under Specially Exempt

- Restricted to member/guest use only
- No one under 16 years of age allowed
- Water depth <5 ft

**4. Employment Responsibilities:**

Facility Technician (CPO) Responsibilities:

**Certified Pool Operator (CPO) Responsibilities** – we maintain at least one CPO operator on staff at all times

The trained pool operator shall visit the swimming pool at least once a week to review records and inspect the facility to ensure that it meets all regulatory requirements. Documentation of the visit shall be maintained onsite.

**CPO– the items listed below are the responsibilities of the Facilities Department designated CPO**

1. Coordinate and drain pool as necessary
2. Access pools filter room as needed
3. Ensure drains secure in pool daily
4. Test water quality (weekly with NJ State Certified Lab)
5. Maintain water quality (add chemicals when needed)
6. Maintain pumps, drains, and lines
7. Troubleshoot mechanical/plumbing problems
8. Compile and send reports to NJDHSS if necessary (drowning, unconscious person)

**Facility Operation – Opening/Closing Procedures:**

Upon arrival the facility should already be open.

When Club Staff come on duty they should:

1. Test the pool water with the appropriate pool test kit and make log entries accordingly
2. Make sure all lights are on in the Wet Area.
3. Make sure entrance doors are unlocked.

Performance Facility & Equipment Safety Check:

1. Make sure all safety equipment is in its proper place, ie reaching poles are accessible around the pool, and ring buoy lines are free
2. If the deck gets extremely wet please use squeegee to dry it

**Bather Check In:**

All bathers must check in at the front desk with the Service Expert or other club staff.

**5. Telephones:**

A telephone is located in the aquatics area for emergency use

**Emergency Phone Numbers:**

For All Emergencies.....Dial 911

Springfield Fire.....Dial 973-912-2265

Springfield Police.....Dial 973-376-0400

On Time Ambulance.....Dial 800-858-8463

New Jersey Poison Control Line.....1-800-222-1222

**6. Location of Rescue Equipment:**

Life buoy located on hook on wall of aquatic area.

First aid kit located at Front Desk

AED located at Front Desk (distance from pool)

Throw line is located on the wall.

Shepherd's Hook located on the wall.

# 7. Staff Emergency Procedures:

## MEDICAL EMERGENCY—CODE BLUE

CODE BLUE SHOULD BE USED TO IDENTIFY, COMMUNICATE AND RESPOND TO AN URGENT MEDICAL EMERGENCY IN PROGRESS

| | | |
|---|---|---|
| CHECK AND ASSIST INJURED PERSON (primary responder) | • Confirm the scene is safe and clear the area around the injured person (if required, close off area of club)<br>• Assess the injured person by checking responsiveness<br>• If no signs of life (unconscious, not breathing and not moving), perform the following:<br>> Direct someone to dial 9-1-1 immediately<br>> Direct someone to retrieve the AED immediately<br>> Begin CPR (continue CPR until AED Unit arrives)<br>> Switch on AED, attach pads and follow prompts<br>> Provide direct assistance until emergency medical services (EMS) arrives<br>Note: if there is no one else in the club to assist in dialing 9-1-1 or retrieving AED, primary responder may need to so. | Reminders when checking and assisting an injured person:<br>• Both males and females are able to respond to an event in a locker room (provide loud verbal warning when entering an opposite gender locker room)<br>• Do not move injured person unless exposed to a life threatening situation<br>• Use precautions to avoid contact with blood and body fluids |
| DIAL 9-1-1 (secondary responder) | • As soon as possible and provide the most accurate information available<br>• Advise 9-1-1 operator of the medical emergency and provide club address, condition and location of the injured person and that the club has an AED on premises | |
| RETRIEVE AED (secondary responder) | • Retrieve AED and bring to the injured person | |
| ANNOUNCE CODE BLUE (secondary responder) | • Announce over the paging system: *"Attention team members, we have a CODE BLUE at (location). Attention members and guests, if there is a doctor or medical professional in the club please report to (location)"*<br>• Wait at the front entrance to direct emergency responders to the injured person | |
| PROVIDE ASSISTANCE | • To EMS personnel upon arrival and to determine identity of the injured person<br>Note: you may, under the direction of the authorities and with a witness, open the member's locker and provide contents to the authorities (to aid them in identification of member, known medical condition and contacting the next-of-kin). Obtain a receipt from the authorities for the contents of the locker. | |
| DOCUMENT | • Injured person's name and member/team member number, first responder's name and information, times for the following: event occurred, the injured person was discovered, 911 was called, EMS arrived and EMS left the club<br>• Ask witnesses to remain onsite to speak to EMS and/or provide statements (if required) | |
| CHECK EQUIPMENT | • Lock out/tag out workout or cardio equipment immediately if there is any question as to whether equipment malfunction resulted in the injury<br>• If AED was used, report the use via our AED service provider website and order replacement AED supplies from our First Aid supply website. | |

MEDICAL EMERGENCY—CODE BLUE

ADDITIONAL IMPORTANT GUIDANCE IF INCIDENT INVOLVES AMBULANCE TRANSPORT AND/OR RESULTS IN A CONFIRMED FATALITY

| | |
|---|---|
| COMMUNICATION WITH FAMILY MEMBER(S) | • Provide all available family member contact information directly to EMS personnel<br>• If you have contact information available but were unable to provide directly to EMS:<br>> Provide information to your DM and ALPM/RLPM (who should handle any and all direct contact with a family member of the injured person with respect to the incident or hospitalization)<br>• If you receive inquiries or specific information requests from family members related to the incident:<br>> Notify your DM and ALPM/RLPM immediately<br>> Be compassionate with family member(s) and explain that we are committed to providing prompt and accurate information (to the extent available) and that a company representative will be in touch with them shortly<br>Note: incident report job aids are for internal purposes only and should not be provided to external parties (only upon request, you may provide a copy of the incident acknowledgement received after the incident report is submitted) |
| FOLLOW UP ON STATUS | • Follow up with the hospital to see how the injured person is progressing<br>> Keep your DM and Corporate Risk Management informed on status of injured person<br>> If the hospitalization appears to be lengthy, consider performing a service request to put the membership on indefinite freeze |
| IF CONFIRMED FATALITY | • Only the hospital or the coroner's office should pronounce death and notify the next-of-kin<br>• Obtain approval from your DM to send a [illegible] to the family of the deceased with a simple, non-religious note such as *"We wish to express our deepest sympathy"* or *"Our Condolences"*, signed by *"24 Hour Fitness"*<br>• Notify your DM and Corporate Risk Management of the confirmed fatality<br>• Cancel membership by performing a service request (with correct reason code) and inform Corporate Risk Management immediately once this is performed (as additional steps are needed at Corporate level)<br>• If you receive inquiries or information requests from family members related to the incident, follow the guidance included above |
| TEAM MEMBER COMMUNICATION AND SUPPORT | • To ensure privacy is maintained for the injured person and family member(s), Club Management should inform all team members not to openly discuss details of the incident (especially in the presence of members or guests)<br>• If any team members are experiencing diff[illegible] dealing with the incident, notify Corporate Risk Management (who will facilitate assistance) |

**8. Emergency Shutoff Location – located on the wall next to the spa ?**

**9. Operational Schedule:**

Hours of Operation: Monday – Friday 5am to 11pm
Saturday – Sunday 6am to 10pm

**10. Schedule of Operational Activities – Club Staff will perform water tests every two (2) hours and log results.**

**Certified Pool Operator (CPO) Responsibilities –** we maintain at least one CPO operator on staff at all times

The trained pool operator shall visit the swimming pool at least once a week to review records and inspect the facility to ensure that it meets all regulatory requirements. Documentation of the visit shall be maintained onsite.

**CPO from the Facilities Department –** the items listed below are the responsibilities of the facilities department designated CPO

1. Coordinate and drain pool as necessary
2. Access pools filter room as needed
3. Ensure drains secure in pool daily
4. Test water quality
5. Maintain water quality (add chemicals when needed)
6. Maintain pumps, drains, and lines
7. Troubleshoot mechanical/plumbing problems
8. Compile and send reports to NJDHSS if necessary (drowning, unconscious person)

**Swimming is Allowed Only When the Club Staff is on Duty.**

**Record Keeping and Reporting –**Make a note of any accidents that occur. There is an accident report located at the back of the attendance logbook. Please notify your immediate supervisor of any reports that have been written. If you are out of first aid supplies, please notify one of the club management immediately. Please do not expect the next Club Staff on duty to report any problems you might have come across.

Records also kept in this binder:

- All Club Staff certification certificates
- CB-20
- Injury Forms
- Bonding and Grounding Certification

**Acceptable Water Quality Standards – chemical water quality standards**

The Club Staff will monitor the quality of the pool water upon their arrival and at two-hour intervals each day that the pool is operational. The result of each water quality analysis will be recorded on the Pool Test Log. The pool test log shall report the time and date of each of these results of each test and the initials of person (Club Staff/CPO) performing the tests.

**New Jersey State Recreational Bathing Code**

| Parameter | Minimum | Ideal Max. | Indoor Pools |
|---|---|---|---|
| PH | 7.2 | 7.4-7.6 | 7.8 |
| Free Chlorine ppm | 1.0 | 1.0-1.5 | 3.0 |
| Combined Chlorine | none | none | .2** |
| Bromine | 2.0 | 2.0-4.0 | 4.0 |

**Combined Bromine PRESENSE DESIRABLE**

****REMEDIAL ACTION REQUIRED AT THESE LEVELS**

If the required standards or ranges are exceeded, or fall below-required levels, let the Facilities Technician or District Facilities Technician know **immediately.** If one of the above cannot be reached and the situation is clearly unsafe, **CLOSE THE POOL.**

Under no circumstances may the Aquatics Facility be utilized without Owner/Operator present at the facility.

**11. Zone Protection Plan:**

This Health Club is operating under Specially Exempt

- Restricted to member/guest use only
- No one under 16 years of age allowed
- Water depth <5 ft