



THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY/BRIDGEWATER NJ 08807

908/725-6300/ FAX 908/707-1235

TDD 908/725-6300/ 908/722-4111

Massage Inspection Form - Bridgewater Ord. No. 09-16 Ch 138

Satisfactory

Date: 7/26/27 <i>(Initial/Repeat Inspection)</i>	Business Name: <i>Jasmine Meridian Cafe</i>	Business Address: <i>789 Rt 202 N Bridgewater, NJ 08807</i>	Business Phone #: <i>908-227-1225</i>
Owner's Name: <i>Jim Feng Zhang</i>	Owner's Home Address: <i>615 Whiton Rd Branchburg NJ 08853</i>	Owner's Phone #: <i>908-227-1225</i>	Note:

Requirement:	Regulation:	Yes	No
1. Does the business have a massage Therapy Permit from township?	BOH ORDINANCE NO. 138-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there a licensed massage therapist on the premises?	BOH ORDINANCE NO.138-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are Prices for all services prominently posted in the reception area?	BOH ORDINANCE NO.138-9J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are all Massage Licenses prominently displayed?	BOH ORDINANCE NO.138-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building Requirements:			
5. Are Massage Therapy Rooms in good repair and maintained in a clean and sanitary condition?	BOH ORDINANCE NO.138-9L	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are Massage Therapy Rooms private?	BOH Ordinance NO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are employee dressing rooms available?	BOH Ordinance NO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are Wet and dry heat rooms, steam or vapor rooms or steam or vapor cabinets thoroughly cleaned each day the business is in operation?	BOH ORDINANCE NO.138-9L	<input type="checkbox"/>	<input type="checkbox"/>
9. Are showers and toilet rooms kept clean and sanitary?	BOH ORDINANCE NO.138-9A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are Sleeping quarters prohibited?	BOH ORDINANCE NO.138-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is there a Handwashing sink available?	BOH ORDINANCE NO.138-9D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Does the HW sink have Hot/ cold Water, Soap, Hand drier or paper towels?	BOH Ordinance NO. 138-9D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Is the rest of the facility clean, dry and in good repair?	BOH ORDINANCE NO.138-9L	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hygiene:			
14. Are employees washing their hands with soap and hot water between customers?	BOH ORDINANCE NO.138-9D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Are employees wearing clean outer garments that are not transparent?	BOH ORDINANCE NO.138-9E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Are there clean Sheets and Towels?	BOH ORDINANCE NO.138-9K	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Are Clean Sheets and Towels stored in a sanitary manner?	BOH ORDINANCE NO.138-9K	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supplies:			
18. Are oils, creams, lotion, and other preparations used in administering massage, bodywork or somatic therapies kept clean, in closed containers or in cabinets?	BOH ORDINANCE NO.138-9M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Animals are prohibited (except service dogs)	BOH ORDINANCE NO.138-9N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prohibited Activity:			
20. Has the massage therapist knowingly touched or fondled in any manner the clients' genital areas?	BOH Ordinance NO. 138-9H	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the therapist, employee or operator performed or offered to perform any act that would require the touch of the patron's sexual or genital area?	BOH Ordinance NO. 138-9I	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the owner, or manager knowingly promoted prostitution, indecency and obscenity including the display of obscene material?	BOH Ordinance NO.	<input type="checkbox"/>	<input type="checkbox"/>

Inspector's Name: Shahira Morell
Patty Timko-Parker

Signature: *Shahira Morell*