

SANITARY INSPECTION REPORT COVER

OWNER INFORMATION (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME		
		<i>Lotus Point Massage</i>		
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY		
		<i>101 Mt. Bethel Rd.</i>		
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>WARREN</i>	<i>07059</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		
TIME - (2400 HOURS)		
DATE	BEGIN	END
<i>2/17/22</i>	<i>9:30</i>	<i>10:00</i>

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
WARREN BOARD OF HEALTH 45 MOUNTAIN BLVD. WARREN, N.J. 07059	<i>DONNA M. OSTMAN</i>
	<i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE
	<i>Donna M. Ostman</i>
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
<i>Kevin Sumner</i>	<i>B-787</i>

Massage Therapy Establishment Inspection Form

Requirement	Met	Condition-ally Met	Not Met	Comments
Massage therapists registered with the Township of Warren (Ord. 14-24 Sec. 4-15.3b)	✓			
Establishment, including all appliances and apparatus, are clean and sanitary (Ord. 14-24 Sec. 4-15.8a)	✓			
Prices for all services prominently posted in the reception area (Ord. 14-24 Sec. 15.8b)	✓			
Employees, including garments, are clean and nontransparent (Ord. 14-24 Sec. 4-15.8c)	✓			
Dressing areas are present, shielded from the public, provide privacy per (Ord. 14-24 Sec. 4-15.8d)	✓			
Establishment provides clean and laundered sheets and towels (Ord. 14-24 Sec. 4-15.8e)	✓			
Sexual and genital areas of customers are covered (Ord. 14-24 Sec. 4-15.8f)	✓			
Physical facilities are kept in good repair; maintained in a clean and sanitary manner (Ord. 14-24 Sec. 4-15.8i)	✓			
Oils, creams and lotions are kept clean and in closed containers or cabinets (Ord. 14-24 Sec. 4-15.8j)	✓			
No animals are present in facility (Ord. 14-24 Sec. 4-15.8k)	✓			
Hand washing facilities are present, accessible, and supplied (Ord. 14-24 Sec. 4-15.8l)	✓			
No illegal activity was witnessed per (Ord. 14-24 Sec. 4-15.8f, g, h, and m)	✓			
No sleeping quarters are present (Ord. 14-24 Sec. 4-15.10)	✓			

Name and Signature of Individual Completing Form:

Donna M. Ostman

Name and Signature of Owner or Representative of Establishment:

[Signature]