

SANITARY INSPECTION REPORT COVER

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Massage Envy SPA</i>		
NUMBER AND STREET COUNTY			NUMBER AND STREET COUNTY <i>12 Mt. Bethel Rd.</i>		
MUNICIPALITY		STATE	MUNICIPALITY <i>Warren</i>	ZIP CODE <i>07059</i>	TELEPHONE NO. <i>908 412-6200</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 <i>2/8/22</i>	BEGIN	END

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) WARREN BOARD OF HEALTH 48 MOUNTAIN BLVD. WARREN, N.J. 07059	INSPECTOR'S NAME AND TITLE <i>DONNA M. OSTMAN</i> <i>R.E.H.S.</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S SIGNATURE <i>Donna M. Ostman</i>
	INSPECTOR'S PERM. REG. NO. <i>B-787</i>

Massage Therapy Establishment Inspection Form

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

2021 License is Not Posted @ 2022

Name and Signature of Individual Completing Form: <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Donna M. Cotman</div>	Name and Signature of Owner or Representative of Establishment: <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Null</div>
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