

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 Mount Bethel Rd</i> | | | |
| MUNICIPALITY | | STATE | | MUNICIPALITY <i>WARREN TWP</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 | BEGIN | END |
| <i>2/8/21</i> | | |
| | | |

EVALUATION

SATISFACTORY CONDITIONALLY SATISFACTORY UNSATISFACTORY

OFFICIAL(S)

| | | | |
|--|--|---|--|
| LOCAL BOARD OF HEALTH | | INSPECTING OFFICIAL | |
| NAME, ADDRESS AND TELEPHONE NUMBER (print) <i>WARREN BOARD OF HEALTH 43 MOUNTAIN BLVD. WARREN, N.J. 07059</i> | | INSPECTOR'S NAME AND TITLE <i>DONNA M. OSTMAN 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 | Condition-ally 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 | | | |
| 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 | | | |

Name and Signature of Individual Completing Form:

Donna M. Astman

Name and Signature of Owner or Representative of Establishment:

[Signature]