

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 <i>How 1420</i>		ESTABLISHMENT TRADING NAME <i>New Glamour Day Spa</i>	
NUMBER AND STREET COUNTY <i>41 Mountain Blvd Suite 2</i>		NUMBER AND STREET COUNTY <i>41 Mountain Blvd Suite 2 Somerset</i>	
MUNICIPALITY <i>Warren NJ</i>	STATE <i>07059</i>	MUNICIPALITY <i>WARREN Twp</i>	ZIP CODE <i>07059</i>
TELEPHONE NO.		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE
ZIP CODE <i>07059</i>	COMUN. CODE		

INSPECTION

<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		
TIME • (2400 HOURS)		
DATE	BEGIN	END
<i>1/28/21</i>		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) WARREN BOARD OF HEALTH 46 MOUNTAIN BLVD. WARREN, N.J. 07059 <i>908-753-8000</i> <i>238</i> <i>239</i> <i>237</i>	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>

** send Body ART*

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			
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. OSTMAN*
Donna M. Ostman

Name and Signature of Owner or Representative of Establishment:
Fiona [Signature]