

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 <i>Dongmei Mi</i>			ESTABLISHMENT TRADING NAME <i>Rub Thai</i>		
NUMBER AND STREET COUNTY <i>41-11 PARSONS Blvd Apt 517</i>			NUMBER AND STREET COUNTY <i>125 Washington Valley Rd</i> <i>unit 6</i>		
MUNICIPALITY <i>FLUSHING</i>		STATE <i>NY</i>	MUNICIPALITY <i>WARREN Twp</i>		ZIP CODE / TELEPHONE NO. <i>07059 908 922-8670</i>
ZIP CODE <i>11355</i>		COMUN. CODE <i>646-288-3088</i>		ESTABLISHMENT STATE LICENSE NO. (if appl.) 	

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>	<i>Pending</i>	
<i>8/3/21</i>	<i>SAT</i>	

* HANDWASH
SINK WAS installed
Price list posted

EVALUATION		
<input checked="" type="checkbox"/> <i>8/3/21</i> SATISFACTORY	<input type="checkbox"/> CONDITIONALLY SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY

OFFICIAL(S)	
LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) WARREN BOARD OF HEALTH 43 MOUNTAIN BLVD. WARREN, N.J. 07059 <i>908-753-8000</i> <i>Ext. 237</i> <i>238</i> <i>239</i>	INSPECTOR'S NAME AND TITLE <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)	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: