


**SANITARY INSPECTION REPORT COVER**

<b>OWNER INFORMATION</b> <small>(Complete this section only if different from establishment information)</small>		<b>ESTABLISHMENT INFORMATION</b>	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <b>PIN WANG</b>		ESTABLISHMENT TRADING NAME <b>SUSAN'S Holistic Health LLC</b>	
NUMBER AND STREET COUNTY <b>144-11 69 Ave</b>		NUMBER AND STREET COUNTY <b>112 Town Center DR</b>	
MUNICIPALITY <b>Flushing</b>	STATE <b>NY</b>	MUNICIPALITY <b>WARREN</b>	ZIP CODE TELEPHONE NO. <b>07059 718-781-2055</b>
ZIP CODE <b>11367</b>	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE

INSPECTION		
<b>12:30</b> <b>MON-</b>	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)	
TIME - (2400 HOURS)		
DATE	BEGIN	END
<b>4/20/21</b>		

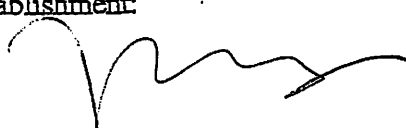
**EVALUATION**

SATISFACTORY     CONDITIONALLY SATISFACTORY     UNSATISFACTORY

OFFICIAL(S)	
<b>LOCAL BOARD OF HEALTH</b> NAME, ADDRESS AND TELEPHONE NUMBER (print) <b>WARREN BOARD OF HEALTH                  40 MOUNTAIN BLVD.                  WARREN, N.J. 07059</b>	<b>INSPECTING OFFICIAL</b> INSPECTOR'S NAME AND TITLE <b>DONNA M. Ostman</b> <b>R.E.H.S.</b> INSPECTOR'S SIGNATURE 
HEALTH OFFICER <b>Kevin Sumner</b>	INSPECTOR'S PERM. REG. NO. <b>B-787</b>

## 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		<i>Label oil containers</i>
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: <div style="font-size: 1.2em; font-family: cursive; margin-top: 10px;">DOWN A M. OSTMAN</div>	Name and Signature of Owner or Representative of Establishment: <div style="font-size: 1.2em; font-family: cursive; margin-top: 10px;"></div>
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