

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>Zhiyuan Wang</i>				ESTABLISHMENT TRADING NAME <i>W Studio Skin & Body Care</i>				
NUMBER AND STREET COUNTY				NUMBER AND STREET COUNTY <i>41 Mountain Blvd</i>				
MUNICIPALITY			STATE	MUNICIPALITY <i>WARREN TWP</i>		ZIP CODE <i>07059</i>	TELEPHONE NO. <i>732-504-8888</i>	
ZIP CODE		COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.) <i>Zhiyuan Wang 0737@gmail.com</i>		COMUN. CODE <i>C 732-926-6685</i>		

INSPECTION

<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		
TIME - (2400 HOURS)		
DATE	BEGIN	END
<i>8/3/21</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 41 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	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		DRAIN in BATHROOM
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 <i>Donna M. Ostman</i>	Name and Signature of Owner or Representative of Establishment: X <i>Shiguan Wang</i>
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