

SANITARY INSPECTION REPORT COVER

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT 101 TOWN CENTER DRIVE SUITE 117, WARREN, NJ 07059			ESTABLISHMENT TRADING NAME Walker's Touch Massage		
NUMBER AND STREET COUNTY			NUMBER AND STREET COUNTY		
MUNICIPALITY			MUNICIPALITY	ZIP CODE	TELEPHONE NO.
STATE NJ			WARREN	07059	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	

INSPECTION		
<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
TIME - (2400 HOURS)		
DATE	BEGIN	END
6/6/22		

EVALUATION		
<input checked="" type="checkbox"/> 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 40 MOUNTAIN BLVD. WARREN, N.J. 07059	INSPECTOR'S NAME AND TITLE DONNA M. OSTMAN R.E.H.S.
	INSPECTOR'S SIGNATURE <i>Donna M. Ostman</i>
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-787

Walker's Touch MASSAGE

6/6/22

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)	✓			
Establishment, including all appliances and apparatus, are clean and sanitary (Ord. 14-24 Sec. 4-15.8a)	✓			
Prices for all services prominently posted in the reception area (Ord. 14-24 Sec. 15.8b)	✓	corrected	✓	
Employees, including garments, are clean and nontransparent (Ord. 14-24 Sec. 4-15.8c)	✓			
Dressing areas are present, shielded from the public, provide privacy per (Ord. 14-24 Sec. 4-15.8d)	✓			
Establishment provides clean and laundered sheets and towels (Ord. 14-24 Sec. 4-15.8e)	✓			Washing machine
Sexual and genital areas of customers are covered (Ord. 14-24 Sec. 4-15.8f)	✓			
Physical facilities are kept in good repair, maintained in a clean and sanitary manner (Ord. 14-24 Sec. 4-15.8i)	✓			
Oils, creams and lotions are kept clean and in closed containers or cabinets (Ord. 14-24 Sec. 4-15.8j)	✓			ON A shelf in separate room
No animals are present in facility (Ord. 14-24 Sec. 4-15.8k)	✓			
Hand washing facilities are present, accessible, and supplied (Ord. 14-24 Sec. 4-15.8l)	✓			4 HANDWASH SINK - Bath - Kitchen - Utility - MASSAGE
No illegal activity was witnessed per (Ord. 14-24 Sec. 4-15.8f, g, h, and m)	✓			
No sleeping quarters are present (Ord. 14-24 Sec. 4-15.10)	✓			

Name and Signature of Individual Completing Form:

Lonna Estman

Name and Signature of Owner or Representative of Establishment:

x *[Signature]*