

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 | | | ESTABLISHMENT TRADING NAME <i>Tranquility Day Spa</i> | | |
| NUMBER AND STREET COUNTY | | | NUMBER AND STREET COUNTY <i>100 Community Pl</i> | | |
| MUNICIPALITY | | STATE | MUNICIPALITY | ZIP CODE | TELEPHONE NO. |
| | | | <i>Warren Twp</i> | <i>07059</i> | <i>732 707-0176</i> |
| ZIP CODE | COMUN. CODE | | ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE | |
| | | | | | |

INSPECTION

| | | |
|--|--------------|--------------|
| <input checked="" type="checkbox"/> INITIAL INSPECTION | | |
| <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small> | | |
| TIME • (2400 HOURS) | | |
| DATE | BEGIN | END |
| <i>2/17/22</i> | <i>10:45</i> | <i>11:15</i> |
| | | |

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

| | |
|--|----------------------------|
| LOCAL BOARD OF HEALTH | INSPECTING OFFICIAL |
| NAME, ADDRESS AND TELEPHONE NUMBER (print) | INSPECTOR'S NAME AND TITLE |
| <i>WARREN BOARD OF HEALTH 46 MOUNTAIN BLVD. WARREN, N.J. 07059</i> | <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) | ✓ | | | |
| 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) | ✓ | | | |
| 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) | ✓ | | | |
| 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) | ✓ | | | |
| 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) | ✓ | | | |
| 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:

DONNA OSTMAN

Donna Ostman

Name and Signature of Owner or Representative of Establishment:

X *[Signature]*