

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT				ESTABLISHMENT TRADING NAME <i>CAMP Bow wow</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>10W Chimney Rock Road</i>		<i>Somerset</i>
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08805</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Kennel</i>	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>6/24/2021</i>		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750	INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i> R.E.H.S.
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

**New Jersey Department of Health
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS**

Name of Facility Camp Bow Wow		License No.	Date of Inspection 6/24/2021
Address of Facility 10W Chimney Rock Rd. ^{Bound Brook} 08805		Time Began 2:00	Time Completed 3:00
County/ Municipality Somerset / Bridgewater		Inspecting Organization Bridgewater Twp. Health	
Name of Inspecting Official(s) Patricia Timko Parker			Telephone Number 908-725-6300 ext 5205
Type of Establishment <input checked="" type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop	<input type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine	Result of Inspection <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional B

This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)

N.J.A.C. 8:23A

1.2 - COMPLIANCE

- b. Certificate of local inspection
- d. Fire inspection **pending**
- c. Plan review, if applicable

1.3 - FACILITIES (GENERAL)

- a. General housing condition
- b. Electric power/water test
- c. Storage of food and/or bedding
- d. Disposal of waste and/or carcasses
- e. Facilities for caretaker's cleanliness
- f. Premises (buildings and grounds)

1.4 - FACILITIES (INDOOR)

- a. Indoor facilities/acclimation certificate not provided
- b. Heating
- c. Ventilation
- d&e. Lighting
- f. Interior surfaces not impervious to moisture
- g. Drainage

1.5 - FACILITIES (OUTDOOR)

- a,b,&c. Protection from weather elements
- d. Drainage
- e. Outdoor enclosure surfaces/disposal of run off

1.6 - PRIMARY ENCLOSURES

- a. Primary enclosure requirements
- b,g,&h. Enclosure size/litter receptacle/exercise
- c. Segregation of animals
- d. Disinfection between inhabitants
- e. Isolating contagious animals
- f. Flooring
- i. Suspect rabid animal caging
- j. Tethering in lieu of primary enclosures

1.7 - FEEDING AND WATERING

- a&c. Feeding frequency
- b. Food quality
- d. Location of food receptacles
- e,f,&g. Food receptacles
- h. Potable water/water receptacles

1.8 - SANITATION

- a. Removal of excreta/protection of animals during cleaning
- b. Frequency of cleaning
- c. Disinfection practices
- d. Condition of buildings/grounds
- e. Pest control **VIKING 1x month**

N.J.A.C. 8:23A SECTIONS (CONTINUED)

1.9 - DISEASE CONTROL

- a. Disease control and health care program established and maintained by a veterinarian:
Dr. **Oratio Winkler 29V1006584 00**
- b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- d. Observation of animals/treatment of injury or illness/stress remediation
- e,k,&l. Handling of rabies suspects
- f. Isolation of animals with communicable disease
- g,h,&i. Isolation rooms
- m&n. Fact sheets/noncompliance of ordered quarantine

1.10 - HOLDING AND RECLAIMING ANIMALS

- a. 1. Seven day stray holding period
- 1-4. Rabies holding period/rabies testing protocol
- 5-6. Elective euthanasia
- b. Facility Sign
- b. 1-5. Public access
- 6-7. Notification of unlicensed dog/impoundment

1.11 - EUTHANASIA

- a&b. Pre-euthanasia handling/sedation
- c&d. Method of euthanasia
- e. Persons administering euthanasia
- f. Euthanasia protocol
- g. Assessment of animals after euthanasia

1.12 - TRANSPORTATION

- a&b. Vehicle requirements
- c,e,&f. Primary enclosures
- d. Animal segregation
- g. Sanitation of enclosures
- h. Emergency veterinary care
- i. Temporary holding facilities

1.13 - RECORDS AND ADMINISTRATION

- a,c,&d. Record keeping
- b. Records not kept on premise
- e. Change in facility status

NJAC 8:23-1 THROUGH 3

- 1.1 Importation of dogs; certification requirements
- 1.2 Reporting of known or suspect rabid animal
- 1.3 Transportation of confined animals
- 1.4 Quarantine, testing and transportation of pet birds
- 1.5 Records of pet birds
- 2.1 Sale of turtle eggs/live turtles
- 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	152						
Cats							

Signature of Owner, Operator or Representative X Randy DeZo	Signature of Inspecting Official(s) X Patricia Timko Parker
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