

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Melissa Falbo		ESTABLISHMENT TRADING NAME Pet Smart, Inc #0748		
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY		
		145 Promenade Blvd.		
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		Bridgewater	08807	732-748
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			7266	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER Pet Store	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		6/3/22	2:45pm	4:30pm

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 Shahira Morell REHS
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-164238

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Pet Smart, Inc #0748 Date 10/3/22

BRIDGEWATER TOWNSHIP → ISSUED SATISFACTORY ←

Item No.	Remarks
1.2	PIC - Melissa Falbo - Fire Inspection Certificate - Email - onsite 10/28/21
1.3	Dead Animals sent to Banfield for disposal
1.6	Enclosures - Everyday Adoption Center run by Volunteers of LOST PAWS - Cats Only - Volunteers care for animals daily 2y/day SAT & SUN from 12-4pm - New Arrival Room - All animals held for 4 days - Isolation Rm - Shelf w/Bins can hold 12 animals; bins only go in as needed, Fish Isolation Tank also here - Animals go to vet as needed
Return	Policy - live animals returned w/in 14 days in same store
1.8	Deep Cleaning varies/day & Animal Specific - PPE used
1.7	Feeding: Animal specific dry & supplemental foods Water checked during opening + store closing
1.9	BanField Animal Hospital Onsite
1.11	Euthenasia handled by BanField
1.13	Record keeping: Bird Band log for Conure Groomers enter expiration dates for Rabies - No Paperwork onsite
Remediation	- Men's Bathroom - Vent cover missing; Groomers - Wash Rm ceiling vents covered in dust/fur Clean facility ^{more} often

Signature of Individual Completing Form [Signature] Signature of Owner of Facility, Establishment, etc. if required [Signature]
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**New Jersey Department of Health
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS**

Name of Facility PetSmart, Inc # 0748		License No.	Date of Inspection 6/3/22
Address of Facility 145 Promenade Blvd		Time Began 2:45pm	Time Completed
County/ Municipality Bridgewater		Inspecting Organization Bridgewater Twp. Division of Health	
Name of Inspecting Official(s) Shahira Morell		Telephone Number 908-725-6300 ext 5200	
Type of Establishment <input type="checkbox"/> Kennel <input checked="" type="checkbox"/> Pet Shop	<input type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input 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)

<p>N.J.A.C. 8:23A</p> <p>1.2 - COMPLIANCE</p> <p><input checked="" type="checkbox"/> b. Certificate of local inspection</p> <p>* <input checked="" type="checkbox"/> c. Fire inspection - <i>Need to email certificate on site on 10/28/2021</i></p> <p><input type="checkbox"/> d. Plan review, if applicable</p> <p>1.3 - FACILITIES (GENERAL)</p> <p><input checked="" type="checkbox"/> a. General housing condition</p> <p><input checked="" type="checkbox"/> b. Electric power/water test</p> <p><input checked="" type="checkbox"/> c. Storage of food and/or bedding</p> <p>* <input checked="" type="checkbox"/> d. Disposal of waste and/or carcasses</p> <p><input type="checkbox"/> e. Facilities for caretaker's cleanliness</p> <p><input checked="" type="checkbox"/> f. Premises (buildings and grounds)</p> <p>1.4 - FACILITIES (INDOOR)</p> <p><input type="checkbox"/> a. Indoor facilities/acclimation certificate not provided</p> <p><input checked="" type="checkbox"/> b. Heating</p> <p><input checked="" type="checkbox"/> c. Ventilation</p> <p><input checked="" type="checkbox"/> d&e. Lighting</p> <p><input checked="" type="checkbox"/> f. Interior surfaces not impervious to moisture</p> <p><input checked="" type="checkbox"/> g. Drainage <i>in Salon</i></p> <p>1.5 - FACILITIES (OUTDOOR)</p> <p><i>N/A</i></p> <p><input type="checkbox"/> a,b,&c. Protection from weather elements</p> <p><input type="checkbox"/> d. Drainage</p> <p><input type="checkbox"/> e. Outdoor enclosure surfaces/disposal of run off</p> <p>1.6 - PRIMARY ENCLOSURES <i>CATS ONLY - LOST PAWS</i></p> <p><input type="checkbox"/> a. Primary enclosure requirements</p> <p><input type="checkbox"/> b,g,&h. Enclosure size/litter receptacle/exercise</p> <p><input type="checkbox"/> c. Segregation of animals</p> <p><input type="checkbox"/> d. Disinfection between inhabitants</p> <p><input checked="" type="checkbox"/> e. Isolating contagious animals</p> <p><input type="checkbox"/> f. Flooring</p> <p><input type="checkbox"/> i. Suspect rabid animal caging</p> <p><input type="checkbox"/> j. Tethering in lieu of primary enclosures</p> <p>1.7 - FEEDING AND WATERING</p> <p><input type="checkbox"/> a&c. Feeding frequency</p> <p><input checked="" type="checkbox"/> b. Food quality</p> <p><input checked="" type="checkbox"/> d. Location of food receptacles</p> <p><input checked="" type="checkbox"/> e,f,&g. Food receptacles</p> <p><input checked="" type="checkbox"/> h. Potable water/water receptacles</p> <p>1.8 - SANITATION</p> <p><input checked="" type="checkbox"/> a. Removal of excreta/protection of animals during cleaning</p> <p><input checked="" type="checkbox"/> b. Frequency of cleaning</p> <p><input checked="" type="checkbox"/> c. Disinfection practices</p> <p><input checked="" type="checkbox"/> d. Condition of buildings/grounds</p> <p><input checked="" type="checkbox"/> e. Pest control - <i>Vikings 2x month</i></p>	<p>N.J.A.C. 8:23A SECTIONS (CONTINUED) <i>ONSITE</i></p> <p>1.9 - DISEASE CONTROL <i>Banfield Animal Hospital</i></p> <p><input checked="" type="checkbox"/> a. Disease control and health care program established and maintained by a veterinarian: <i>Dr. Amy L. Baker 29V100641600</i></p> <p><input type="checkbox"/> b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting</p> <p><input type="checkbox"/> d. Observation of animals/treatment of injury or illness/ stress remediation</p> <p><input type="checkbox"/> e,k,&l. Handling of rabies suspects</p> <p><input type="checkbox"/> f. Isolation of animals with communicable disease</p> <p><input type="checkbox"/> g,h,&i. Isolation rooms</p> <p><input type="checkbox"/> m&n. Fact sheets/noncompliance of ordered quarantine</p> <p>1.10 - HOLDING AND RECLAIMING ANIMALS <i>N/A</i></p> <p><input type="checkbox"/> a. <input type="checkbox"/> 1. Seven day stray holding period <input type="checkbox"/> 1-4. Rabies holding period/rabies testing protocol <input type="checkbox"/> 5-6. Elective euthanasia</p> <p><input type="checkbox"/> b. Facility Sign</p> <p><input type="checkbox"/> b. <input type="checkbox"/> 1-5. Public access <input type="checkbox"/> 6-7. Notification of unlicensed dog/impoundment</p> <p>1.11 - EUTHANASIA <i>Banfield</i></p> <p><input type="checkbox"/> a&b. Pre-euthanasia handling/sedation</p> <p><input type="checkbox"/> c&d. Method of euthanasia</p> <p><i>N/A</i> <input type="checkbox"/> e. Persons administering euthanasia</p> <p><input type="checkbox"/> f. Euthanasia protocol</p> <p><input type="checkbox"/> g. Assessment of animals after euthanasia</p> <p>1.12 - TRANSPORTATION</p> <p><i>N/A</i> <input type="checkbox"/> a&b. Vehicle requirements</p> <p><input type="checkbox"/> c,e,&f. Primary enclosures</p> <p><input type="checkbox"/> d. Animal segregation</p> <p><input type="checkbox"/> g. Sanitation of enclosures</p> <p><input type="checkbox"/> h. Emergency veterinary care</p> <p><input type="checkbox"/> i. Temporary holding facilities</p> <p>1.13 - RECORDS AND ADMINISTRATION <i>Require Rabies for grooming</i></p> <p><input checked="" type="checkbox"/> a,c,&d. Record keeping</p> <p>* <input type="checkbox"/> b. Records not kept on premise</p> <p><input type="checkbox"/> e. Change in facility status</p> <p>NJAC 8:23-1 THROUGH 3</p> <p><input type="checkbox"/> 1.1 Importation of dogs; certification requirements</p> <p><input type="checkbox"/> 1.2 Reporting of known or suspect rabid animal</p> <p><input type="checkbox"/> 1.3 Transportation of confined animals</p> <p><input type="checkbox"/> 1.4 Quarantine, testing and transportation of pet birds</p> <p>- <input checked="" type="checkbox"/> 1.5 Records of pet birds</p> <p><input type="checkbox"/> 2.1 Sale of turtle eggs/live turtles <i>N/A</i></p> <p><input type="checkbox"/> 3.1 Transportation of animals by ACOs</p>
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NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)							
Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	<i>N/A</i>						
Cats	<i>14</i>						

Signature of Owner, Operator or Representative <i>[Signature]</i>	Signature of Inspecting Official(s) <i>Shahira Morell</i>
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