

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>Pet SMART</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>145 Promenade Blvd</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Pet Store</i>		ESTABLISHMENT CODE GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				TIME - (2400 HOURS)	
		DATE	BEGIN	END	
		<i>7/22/2021</i>			
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 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.		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
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 Pet Smart		License No.	Date of Inspection 7/22/2021
Address of Facility 145 Promenade BLVD.		Time Began 1:45	Time Completed 2:30
County/ Municipality Somerset / Bridgewater Twp.		Inspecting Organization Bridgewater Twp. Division of Health	
Name of Inspecting Official(s) Patricia Timko-Parker		Telephone Number 908-725-6300 ext 5205	
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 <input type="checkbox"/> Complaint <input type="checkbox"/> Reinspection	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 *exp may 31, 2021*
- 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 *N/A*

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 once a 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. *Amy L. Baker DVM 100641600*
- 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

Barfield Animal Hospital on site

Lost Paws For Cats manager's monitor + volunteers care for them

require rabies for grooming

NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)							
Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs							
Cats	13						

Signature of Owner, Operator or Representative <i>[Signature]</i>	Signature of Inspecting Official(s) <i>Patricia Timko-Parker</i>
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