

## 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		ESTABLISHMENT TRADING NAME <i>Somerset Regional Animal Shelter</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>100 Commons Way</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	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 <i>Shelter</i>	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>6/8/2022</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 Tinker Parker</i> REHS
	INSPECTOR'S SIGNATURE <i>Patricia Tinker Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Somerset Regional Animal Shelter

Date

6/18/2022

BRIDGEWATER TOWNSHIP

Item No.

Remarks

Supervising Veterinarian Dr. Lorraine Marks DVM  
1170 Rt 22 West Lebanon NJ 08833 License # 29V100473400  
\* Fire Inspection From Twp. still needed.

Note: At the time of inspection, isolation room contained kittens with ringworms. Under the veterinary care of Dr. Feeney + Whitehouse Vet.

Rating SATISFACTORY

Note: Lorraine K. Marks D.V.M. - expired certificate.  
To get new certificate email to:  
pparker@bridgewaternj.gov

Signature of Individual Completing Form

Signature of Owner of Facility, Establishment, etc. if required

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

Name of Facility <b>Somerset Regional Animal Shelter</b>		License No.	Date of Inspection <b>6/18/2022</b>
Address of Facility <b>100 Commons Way</b>		Time Began <b>3:00 pm</b>	Time Completed
County/ Municipality <b>Somerset - Bridgewater</b>		Inspecting Organization <b>Bridgewater Twp. Division of Health</b>	
Name of Inspecting Official(s) <b>Patricia Tinto - Parker</b>		Telephone Number <b>908 - 725 - 0308</b>	
Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop <input checked="" type="checkbox"/> Pound <input checked="" 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  
 c. Fire inspection *still needed*  
 d. Plan review, if applicable

**1.3 - FACILITIES (GENERAL)**

a. General housing condition  
 b. Electric power/water test  
 c. Storage of food and/or bedding *Abbey Glen*  
 d. Disposal of waste and/or carcasses *Lafayette*  
 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  
 g. Suspect rabid animal caging  
 h. 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*

**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. *Lorraine K. Marks DVM*  
 b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting *expired need renewed agreement*  
 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 *Dr marks regulates this*  
 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.
Dogs	<b>14</b>		
Cats	<b>54</b>		

Signature of Owner, Operator or Representative <i>Brian Beaman</i>	Signature of Inspecting Official(s) <i>Patricia Tinto Parker</i>
-----------------------------------------------------------------------	---------------------------------------------------------------------