

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

Name of Facility <b>Petsmart</b>		License No.	Date of Inspection <b>6/6/22</b>
Address of Facility <b>1515 Rt 22W</b>		Time Began <b>2pm</b>	Time Completed <b>3:15pm</b>
County/ Municipality <b>Watchung</b>		Inspecting Organization <b>Middle Brook Regional Health Commission</b>	
Name of Inspecting Official(s) <b>Shahira Morell</b>			Telephone Number
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 checked="" type="checkbox"/> Initial <input 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. 9/1/22*
- 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 Monthly*

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

**1.9 - DISEASE CONTROL** *BANfield Pet Hospital*

- a. Disease control and health care program established and maintained by a veterinarian:  
*For Exotics Dr. Christopher Nardi 29VI 00718800*
- 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** *Vet - Banfield*

- 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	0						
Cats	0	<i>@-time of inspection</i>					

Signature of Owner, Operator or Representative

Signature of Inspecting Official(s)

