

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

Name of Facility <i>Starcrest Kennels</i>		License No.	Date of Inspection <i>10/25/22</i>
Address of Facility <i>19 4th Street</i>		Time Began <i>2:45</i>	Time Completed <i>3:15</i>
County/ Municipality <i>Somerset / WARREN Twp</i>		Inspecting Organization <i>WARREN Twp. Health Dept</i>	
Name of Inspecting Official(s) <i>Donna M. Ostman</i>		Telephone Number <i>908-753-8000</i> Ext <i>2358</i> <i>2339</i> <i>2337</i>	
Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pound <input type="checkbox"/> Pet Shop <input type="checkbox"/> Shelter	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection	Result of Inspection <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional A <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 - *Need New Cert*
  - NA*  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
  - NA*  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 *Greenex*

- 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. *Ani merge*
  - 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 *Animals held A Short time (ACS)*
  - 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 *NA*
  - g. Assessment of animals after euthanasia
- 1.12 - TRANSPORTATION**
- a&b. Vehicle requirements
  - c,e,&f. Primary enclosures *NA*
  - 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 *NA*
  - 1.2 Reporting of known or suspect rabid animal
  - 1.3 Transportation of confined animals
  - 1.4 Quarantine, testing and transportation of pet birds *NA*
  - 1.5 Records of pet birds *NA*
  - 2.1 Sale of turtle eggs/live turtles *NA*
  - 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	<i>6+</i>						
Cats	<i>0</i>						

Signature of Owner, Operator or Representative	Signature of Inspecting Official(s) <i>Donna M. Ostman</i>
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