## New Jersey Department of Health and Senior Services INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility	+		License No.			Date of Inspection	
Associated Huma			expired			8/22/1	
Address of Facility  Metu37							
124 Evergreen Ave			10:00 AM 4:00				
County/ Municipality			Inspecting Organization				
Essex/Newark			NJDOH & No war K I I'M DAT				
Name of Inspecting Official(s)	1-1		1. 6.		Telephone		
	pheil. De Guan	naP		ij.		26-4871	
Type of Establishment	Type of Inspection	La' c			ult of Inspe		
☐ Kennel ☐ Pound ☐ Shelter	☐ Initial☐ Routine		Complaint Reinspection		Satisfactor Conditions		
		-		-	1000		
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) Corrected Copy 1550ed 9/5/17 replaces							
N.J.A.C. 8:23A		4	NIAC 8:33A SE	4	ISSUE	TINUED	eblaces
1.2 - COMPLIANCE			N.J.A.C. 8:23A SECTIONS (CONTINUED) original dated 8				
b. Certificate of local inspection			a. Disease control and health care program established				
d. Fire inspection			and maintained by a veterinarian:				
C. Plan review, if applicable			Dr. Kerk				
1.3 - FACILITIES (GENERAL)  2 a. General housing condition			□ b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting				
b. Electric power/water test			d. Observation of animals/treatment of injury or illness/				
			stress remediation				
v.d. Disposal of waste and/or carcasses			☐ e,k,&l. Handling of rabies suspects ☐ f. Isolation of animals with communicable disease				
F. Facilities for caretaker's cleanliness      F. Premises (buildings and grounds)			g,h,&i. Isolation rooms				
1.4 - FACILITIES (INDOOR)			m&n. Fact sheets/noncompliance of ordered quarantine				
a. Indoor facilities/acclimation certificate not provided			1.10 - HOLDING AND RECLAIMING ANIMALS				
□,b. Heating			☐ a. ☑ 1. Seven day stray holding period ☐ 1-4. Rabies holding period/rabies testing protocol				
☑,c. Ventilation ☑,d&e. Lighting			✓ 5-6. Elective euthanasia				
☑ f. Interior surfaces not impervious to moisture			☑ b. Facility Sign				
g. Drainage			□ b.	1-5. I	Public acces	SS of unlicensed dea/imp	oundment
1.5 - FACILITIES (OUTDOOR)			6-7. Notification of unlicensed dog/impoundment				
			a&b. Pre-euthanasia handling/sedation				
✓ e. Outdoor enclosure surfaces/disposal of run off			☑ c&d. Method of euthanasia Not recorded				
1.6 - PRIMARY ENCLOSURES			e. Persons administering euthanasia				
a. Primary enclosure requirements			<ul> <li>✓ f. Euthanasia protocol</li> <li>☐ g. Assessment of animals after euthanasia</li> </ul>				
<ul><li>✓ b,g,&amp;h. Enclosure size/litter receptacle/exercise</li><li>☐ c. Segregation of animals</li></ul>			1.12 - TRANSPORTATION				
d. Disinfection between inhabitants			a&b. Vehicle requirements				
✓ e. Isolating contagious animals			c,e,&f. Primary enclosures d. Animal segregation				
i. Suspect rabid animal caging					gregation of enclosu	res	
j. Tethering in lieu of primary enclosures			h. Emergency veterinary care				
1.7 - FEEDING AND WATERING			i. Temporary holding facilities				
a&c. Feeding frequency			1.13 - RECORDS AND ADMINISTRATION				
☑ b. Food quality ☐,d. Location of food receptacles			b. Records not kept on premise				
✓,e,f,&g. Food receptacles			e. Change in facility status in complete				
h. Potable water/water receptacles			NJAC 8:23-1 THROUGH 3				
1.8 - SANITATION			1.1 Importation of dogs; certification requirements				
			☐ 1.2 Reporting of known or suspect rabid animal ☐ 1.3 Transportation of confined animals				
□ b. Frequency of cleaning			1.4 Quarantine, testing and transportation of pet birds				
c. Disinfection practices			☐ 1.5 Records of pet birds				
<ul><li>✓ d. Condition of buildings/ground</li><li>□ e. Pest control</li></ul>	☐ 2.1 Sale of turtle eggs/live turtles ☐ 3.1 Transportation of animals by ACOs						
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	R OF ANIMALS AT THer Species No.		Other Species	es a	na number No.	Other Species	No.
	hb/4s 4		A Man sa		4	outer openies	110.
Cats	7 1		Guarico				
Signature of Owner, Operator or Repres	sentative		Signature of Inspe	ectin	o Official/s		
Signature of Owner, Operator of Repres	Jonnative		originature of mapi	Jour	ig Official(s	A. Comment	
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