

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

Name of Facility <b>Associated Humane Societies- Essex County Branch</b>		License No. <b>Expired</b>	Date of Inspection <b>10/20/17</b>
Address of Facility <b>124 Evergreen Ave</b>		Time Began <b>10:00 AM</b>	Time Completed <b>2:45 PM</b>
County/ Municipality <b>Essex/ Newark</b>		Inspecting Organization <b>NJDOH and Newark Health Department</b>	
Name of Inspecting Official(s) <b>Linda Frese, Colin Campbell, Michael Wilson</b>			Telephone Number <b>609-826-4872</b>
Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop	<input checked="" type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Routine	Result of Inspection <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A
		<input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Reinspection	<input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional B
<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)</b>			
<b>N.J.A.C. 8:23A</b> <b>1.2 - COMPLIANCE</b> <input checked="" type="checkbox"/> b. Certificate of local inspection <input type="checkbox"/> d. Fire inspection <input type="checkbox"/> c. Plan review, if applicable <b>1.3 - FACILITIES (GENERAL)</b> <input checked="" type="checkbox"/> a. General housing condition <input type="checkbox"/> b. Electric power/water test <input checked="" type="checkbox"/> c. Storage of food and/or bedding <input type="checkbox"/> d. Disposal of waste and/or carcasses <input type="checkbox"/> e. Facilities for caretaker's cleanliness <input checked="" type="checkbox"/> f. Premises (buildings and grounds) <b>1.4 - FACILITIES (INDOOR)</b> <input type="checkbox"/> a. Indoor facilities/acclimation certificate not provided <input type="checkbox"/> b. Heating <input checked="" type="checkbox"/> c. Ventilation <input type="checkbox"/> d&e. Lighting <input checked="" type="checkbox"/> f. Interior surfaces not impervious to moisture <input type="checkbox"/> g. Drainage <b>1.5 - FACILITIES (OUTDOOR)</b> <input type="checkbox"/> a,b,&c. Protection from weather elements <input type="checkbox"/> d. Drainage <input checked="" type="checkbox"/> e. Outdoor enclosure surfaces/disposal of run off <b>1.6 - PRIMARY ENCLOSURES</b> <input checked="" type="checkbox"/> a. Primary enclosure requirements <input checked="" type="checkbox"/> b,g,&h. Enclosure size/litter receptacle/exercise <input type="checkbox"/> c. Segregation of animals <input checked="" type="checkbox"/> d. Disinfection between inhabitants <input checked="" type="checkbox"/> e. Isolating contagious animals <input type="checkbox"/> f. Flooring <input type="checkbox"/> i. Suspect rabid animal caging <input type="checkbox"/> j. Tethering in lieu of primary enclosures <b>1.7 - FEEDING AND WATERING</b> <input type="checkbox"/> a&c. Feeding frequency <input type="checkbox"/> b. Food quality <input type="checkbox"/> d. Location of food receptacles <input checked="" type="checkbox"/> e,f,&g. Food receptacles <input checked="" type="checkbox"/> h. Potable water/water receptacles <b>1.8 - SANITATION</b> <input type="checkbox"/> a. Removal of excreta/protection of animals during cleaning <input type="checkbox"/> b. Frequency of cleaning <input checked="" type="checkbox"/> c. Disinfection practices <input type="checkbox"/> d. Condition of buildings/grounds <input type="checkbox"/> e. Pest control		<b>N.J.A.C. 8:23A SECTIONS (CONTINUED)</b> <b>1.9 - DISEASE CONTROL</b> <input checked="" type="checkbox"/> a. Disease control and health care program established and maintained by a veterinarian: Dr. _____ <input checked="" type="checkbox"/> b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting <input checked="" type="checkbox"/> d. Observation of animals/treatment of injury or illness/ stress remediation <input type="checkbox"/> e,k,&l. Handling of rabies suspects <input checked="" type="checkbox"/> f. Isolation of animals with communicable disease <input type="checkbox"/> g,h,&i. Isolation rooms <input type="checkbox"/> m&n. Fact sheets/noncompliance of ordered quarantine <b>1.10 - HOLDING AND RECLAIMING ANIMALS</b> <input type="checkbox"/> a. <input type="checkbox"/> 1. Seven day stray holding period <input type="checkbox"/> 1-4. Rabies holding period/rabies testing protocol <input type="checkbox"/> 5-6. Elective euthanasia <input type="checkbox"/> b. Facility Sign <input type="checkbox"/> b. <input type="checkbox"/> 1-5. Public access <input type="checkbox"/> 6-7. Notification of unlicensed dog/impoundment <b>1.11 - EUTHANASIA</b> <input type="checkbox"/> a&b. Pre-euthanasia handling/sedation <input type="checkbox"/> c&d. Method of euthanasia <input checked="" type="checkbox"/> e. Persons administering euthanasia <input type="checkbox"/> f. Euthanasia protocol <input type="checkbox"/> g. Assessment of animals after euthanasia <b>1.12 - TRANSPORTATION</b> <input type="checkbox"/> a&b. Vehicle requirements <input type="checkbox"/> c,e,&f. Primary enclosures <input type="checkbox"/> d. Animal segregation <input type="checkbox"/> g. Sanitation of enclosures <input type="checkbox"/> h. Emergency veterinary care <input type="checkbox"/> i. Temporary holding facilities <b>1.13 - RECORDS AND ADMINISTRATION</b> <input checked="" type="checkbox"/> a,c,&d. Record keeping <input checked="" type="checkbox"/> b. Records not kept on premise <input type="checkbox"/> e. Change in facility status <b>NJAC 8:23-1 THROUGH 3</b> <input type="checkbox"/> 1.1 Importation of dogs; certification requirements <input type="checkbox"/> 1.2 Reporting of known or suspect rabid animal <input type="checkbox"/> 1.3 Transportation of confined animals <input type="checkbox"/> 1.4 Quarantine, testing and transportation of pet birds <input type="checkbox"/> 1.5 Records of pet birds <input type="checkbox"/> 2.1 Sale of turtle eggs/live turtles <input type="checkbox"/> 3.1 Transportation of animals by ACOs	
<b>NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)</b>			
<b>Species</b>	<b>No.</b>	<b>Other Species</b>	<b>No.</b>
<b>Dogs</b>	_____	<b>Other Species</b>	<b>No.</b>
<b>Cats</b>	_____	_____	_____
Signature of Owner, Operator or Representative		Signature of Inspecting Official(s) <b>Linda Frese</b>	