



# WEST WINDSOR TOWNSHIP HEALTH DEPARTMENT

Serving the Communities of West Windsor, Robbinsville and Hightstown

## SANITARY INSPECTION REPORT

271 Clarksville Road, West Windsor, NJ 08550 • Phone (609) 936-8400 • Fax (609) 799-2136

WEST WINDSOR TOWNSHIP

ROBBINSVILLE TOWNSHIP

BOROUGH OF HIGHTSTOWN

### IDENTIFICATION

<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>		<b>ESTABLISHMENT INFORMATION</b>	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>Add Business</i>		ESTABLISHMENT TRADING NAME <i>Hamilton Twp. Small Business</i>	
NUMBER AND STREET <i>Supervising AC Office</i>	COUNTY <i>Hamilton</i>	NUMBER AND STREET <i>2107 Asylum Ave</i>	COUNTY <i>Mercer</i>
MUNICIPALITY <i>Hamilton</i>	STATE <i>NJ</i>	MUNICIPALITY <i>Hamilton</i>	ZIP CODE <i>08610</i>
ZIP CODE <i>08550</i>	COMMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.) <i>current</i>	TELEPHONE NO. <i>609-799-3552</i>
COMMUN. CODE		COMMUN. CODE	

### INSPECTION

TYPE OF ESTABLISHMENT <input type="checkbox"/> 1 RETAIL <input checked="" type="checkbox"/> 2 OTHER (Specify) <i>Shutter</i>	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> 1 INITIAL INSPECTION <input type="checkbox"/> 2 REINSPECTION (other than initial inspection)	
	GOODS <input type="checkbox"/> 1 DESTROYED <input type="checkbox"/> 2 EMBARGOED	DATE <i>7/4/18</i>	TIME - (2400 HOURS) BEGIN <i>10:15</i> END <i>11:40</i>

### EVALUATION

SATISFACTORY       CONDITIONALLY SATISFACTORY       UNSATISFACTORY

### OFFICIAL(S)

LOCAL BOARD OF HEALTH WEST WINDSOR TOWNSHIP HEALTH DEPARTMENT Municipal Building 271 Clarksville Rd. West Windsor, NJ 08550 (609) 799-2400	INSPECTING OFFICIAL INSPECTOR'S NAME AND TITLE <i>CHARLES WANEK RHS</i>
HEALTH OFFICER <i>Bill Swanson</i>	INSPECTOR'S SIGNATURE <i>Charles WaneK</i>
	INSPECTOR'S PERM. REG. NO. <i>B-102132</i>

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

Name of Facility <i>Hamilton Twp. Small Animal Shelter</i>	License No.	Date of Inspection <i>7/11/18</i>
Address of Facility <i>2100 Spruce Ave.</i>	Time Began <i>10:15</i>	Time Completed
County/Municipality <i>Mercer Co. Hamilton</i>	Inspecting Organization <i>West Windsor Twp. Health Dept</i>	
Name of Inspecting Official(s) <i>Cheryl Wnek</i>	Telephone Number	

Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop	<input type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Routine	<input type="checkbox"/> Complaint <input type="checkbox"/> Reinspection	Result of Inspection <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional B
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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)

<p><b>N.J.A.C. 8:23A</b></p> <p><b>1.2 - COMPLIANCE</b></p> <p><input type="checkbox"/> a. Certificate of local inspection</p> <p><input checked="" type="checkbox"/> b. Fire inspection</p> <p><input type="checkbox"/> c. Plan review, if applicable</p> <p><b>1.3 - FACILITIES (GENERAL)</b></p> <p><input checked="" type="checkbox"/> a. General housing condition</p> <p><input checked="" type="checkbox"/> b. Electric power/water test - <i>city water</i></p> <p><input checked="" type="checkbox"/> c. Storage of food and/or bedding</p> <p><input checked="" type="checkbox"/> d. Disposal of waste and/or carcasses</p> <p><input checked="" type="checkbox"/> e. Facilities for caretaker's cleanliness - <i>Shower</i></p> <p><input checked="" type="checkbox"/> f. Premises (buildings and grounds)</p> <p><b>1.4 - FACILITIES (INDOOR)</b></p> <p><input checked="" type="checkbox"/> a. Indoor facilities/acclimation certificate not provided</p> <p><input type="checkbox"/> b. Heating <i>N/A</i></p> <p><input checked="" type="checkbox"/> c. Ventilation</p> <p><input checked="" type="checkbox"/> d. e. Lighting</p> <p><input checked="" type="checkbox"/> f. Interior surfaces not impervious to moisture</p> <p><input checked="" type="checkbox"/> g. Drainage</p> <p><b>1.5 - FACILITIES (OUTDOOR)</b></p> <p><input type="checkbox"/> a, b, &amp; c. Protection from weather elements</p> <p><input type="checkbox"/> d. Drainage</p> <p><input checked="" type="checkbox"/> e. Outdoor enclosure surfaces/disposal of run off</p> <p><b>1.6 - PRIMARY ENCLOSURES</b></p> <p><input checked="" type="checkbox"/> a. Primary enclosure requirements</p> <p><input checked="" type="checkbox"/> b, g, &amp; h. Enclosure size/litter receptacle/exercise</p> <p><input checked="" type="checkbox"/> c. Segregation of animals</p> <p><input checked="" type="checkbox"/> d. Disinfection between inhabitants <i>one soil bleach sol.</i></p> <p><input checked="" type="checkbox"/> e. Isolating contagious animals</p> <p><input checked="" type="checkbox"/> f. Flooring</p> <p><input type="checkbox"/> g. Suspect rabid animal caging</p> <p><input type="checkbox"/> h. Tethering in lieu of primary enclosures <i>N/A</i></p> <p><b>1.7 - FEEDING AND WATERING</b></p> <p><input checked="" type="checkbox"/> a &amp; c. Feeding frequency</p> <p><input checked="" type="checkbox"/> b. Food quality</p> <p><input checked="" type="checkbox"/> d. Location of food receptacles</p> <p><input checked="" type="checkbox"/> e, f &amp; g. Food receptacles</p> <p><input checked="" type="checkbox"/> h. Potable water/water receptacles</p> <p><b>1.8 - SANITATION</b></p> <p><input checked="" type="checkbox"/> a. Removal of excreta/protection of animals during cleaning</p> <p><input checked="" type="checkbox"/> b. Frequency of cleaning <i>2 x daily</i></p> <p><input checked="" type="checkbox"/> c. Disinfection practices <i>one soil bleach sol.</i></p> <p><input checked="" type="checkbox"/> d. Condition of buildings/grounds</p> <p><input checked="" type="checkbox"/> e. Pest control <i>Cooper quarterly</i></p>	<p><b>N.J.A.C. 8:23A SECTIONS (CONTINUED)</b></p> <p><b>1.9 - DISEASE CONTROL</b></p> <p><input checked="" type="checkbox"/> a. Disease control and health care program established and maintained by a veterinarian:                  Dr. <i>William Carter</i>  <input type="checkbox"/> b, c, &amp; j. Certificate of veterinary supervision/Notification of noncompliance/zoonotic disease reporting <i>exp. 1/13/18</i>  <input checked="" type="checkbox"/> d. Observation of animals/treatment of injury or illness/stress remediation  <input type="checkbox"/> e, k, &amp; l. Handling of rabies suspects  <input checked="" type="checkbox"/> f. Isolation of animals with communicable disease  <input checked="" type="checkbox"/> g, m, &amp; n. Isolation rooms  <input checked="" type="checkbox"/> o. Fact sheets/noncompliance of ordered quarantine</p> <p><b>1.10 - HOLDING AND RECLAIMING ANIMALS</b></p> <p><input type="checkbox"/> a. <input checked="" type="checkbox"/> 1. Seven day stray holding period  <input checked="" type="checkbox"/> 4. Rabies holding period/rabies testing protocol  <input checked="" type="checkbox"/> 5. Elective euthanasia  <input type="checkbox"/> b. Facility sign  <input type="checkbox"/> c. 1-5. Public access  <input checked="" type="checkbox"/> 6. Notification of unlicensed dog/impoundment</p> <p><b>1.11 - EUTHANASIA</b></p> <p><input checked="" type="checkbox"/> a &amp; b. Pre-euthanasia handling/sedation  <input checked="" type="checkbox"/> c &amp; d. Method of euthanasia  <input checked="" type="checkbox"/> e. Persons administering euthanasia  <input checked="" type="checkbox"/> f. Euthanasia protocol  <input checked="" type="checkbox"/> g. Assessment of animals after euthanasia</p> <p><b>1.12 - TRANSPORTATION</b></p> <p><input checked="" type="checkbox"/> a &amp; b. Vehicle requirements  <input checked="" type="checkbox"/> c &amp; d. Primary enclosures  <input checked="" type="checkbox"/> e. Animal segregation  <input checked="" type="checkbox"/> f. Sanitation of enclosures  <input checked="" type="checkbox"/> g. Emergency veterinary care  <input checked="" type="checkbox"/> h. Temporary holding facilities</p> <p><b>1.13 - RECORDS AND ADMINISTRATION</b></p> <p><input checked="" type="checkbox"/> a, g, &amp; d. Record keeping  <input checked="" type="checkbox"/> b. Records not kept on premise  <input checked="" type="checkbox"/> e. Change in facility status</p> <p><b>NJAC 8:23A THROUGH 3</b></p> <p><input type="checkbox"/> 1.1 Importation of dogs; certification requirements</p> <p><input checked="" type="checkbox"/> 1.2 Reporting of known or suspect rabid animal</p> <p><input checked="" type="checkbox"/> 1.3 Transportation of confined animals</p> <p><input checked="" type="checkbox"/> 1.4 Quarantine, testing and transportation of pet birds</p> <p><input checked="" type="checkbox"/> 1.5 Records of pet birds</p> <p><input checked="" type="checkbox"/> 2.1 Sale of turtle eggs/live turtles</p> <p><input checked="" type="checkbox"/> 3.1 Transportation of animals by ACOs</p>
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<b>NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)</b>	
Species	No.
Dogs	<i>22</i>
Cats	<i>42</i>
Other Species	No.
Other Species	No.

Signature of Owner, Operator or Representative  
*Carol A. ...*

Signature of Inspecting Official(s)  
*Cheryl Wnek*