Zoning Complaints **Date** 3/14/08

Location YARD FARM

Street Address 171 PENN AVE

Block 27 Lot 36

Property Owner Robert YARD

Telephone Number

Complaining Witness

Name TOM ODD. TOWNSHIP.

Address

Telephone Number

Nature of Complaint

INFESTATION. RATS.

IN SHUTTER HOUSE.

Ordinance Section Numbers

Action Taken

WAITING FOR COUNTY HEALTH.

DEPT. REPORT.

FAX COMMUNICATION

HUNTERDON COUNTY DEPARTMENT OF HEALTH

RT. 12, COUNTY COMPLEX, BLDG 1, P.O. BOX 2900
FLEMINGTON, NJ 08822-2900
908-788-1351 Fax: 908-782-7510

Today's Date: 3/14/08 Time: 1530

To: ANTHONY SKIBINSKY
Property Code / Zoning Inspector

From: Daniel Wyckoff, REHS
HCHD

Number of Pages (including this cover sheet): 5

Comments:
SEE if eliminating DEBRIS will RID THE INSECTS AND RODENTS Before Pesticide USE.

Fax Number: [redacted] (of recipient) Information Sent: ____ Yes ____ No

NOTE: If you do not receive copies of all the pages, or if they are illegible, please call (908) 788-1351 or fax to (908) 782-7510.

faxsheet

HUNTERDON COUNTY HEALTH DEPARTMENT
Rt. 12 County Complex, Bldg #7
PO BOX 2900
Flemington, New Jersey 08822-2900
(908) 788-1351

RETAIL FOOD ESTABLISHMENT SPOT CHECK FORM

NAME OF ESTABLISHMENT: YARD's Custom Butchering LICENSE # N/A

LOCATION: 171 Pennsylvania Ave. TOWNSHIP Raritan TEL. [redacted]

MAILING ADDRESS: 171 Pennsylvania Ave, Flemington

OWNER: Jason Yard Smith

DATE: 3/14/08 REASON: Unsanitary Conditions / Vermin present

TIME: 11:45AM

- ☐ FOOD/SWAB SAMPLE
- ☑ COMPLAINT
- ☐ OTHER
- ☐ FOLLOW UP OF INSPECTION ____ Date
- ☑ WALK-THRU INSPECTION

COMMENTS:

The use as a private "Custom Butcher" Slaughter House was an approved use per Zoning Official of Raritan Twp. HCHD Inspected Facility in 12/01/06 prior to the start of Deer Season, 2006. A letter was received stating that the Facility would not conduct Retail Sale of Meat processed at the facility, just the Butchering Service. In December, 2006 this type of Facility did not fall within the jurisdiction of the Hunterdon County Health Department. It was not.

~~MANAGER/OWNER COMMENTS:~~ A Licensed Retail Food Establishment. Yards Custom Butchering provides a private service for personal use.

Signature of Owner/Representative

Dave Yoder
Health Department Representative

WHITE = ORIGINAL CANARY = LOCAL BOARD OF HEALTH PINK = HCHD

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) YARDS Custom Butchering | Date 3/14/08

Municipality Raritan Township | [redacted]

Item No.	Remarks
	THE Facility was not open and had been closed For Several weeks Accordy to the Owner. Jason Yard
	THE Following Violations of the public Health Nuisance ~~Act~~ CODE of New Jersey were observed
2.1	THE following matters, things, conditions are deemed to be a nuisance and injurious to the Health of the inhabitants of the Municipality:
h)	THE existence or presence of any Accumulation of Garbage, Refuse, Manure or Animal or Vegetable matter which may attract flies and to which flies may have access or in which Fly Larvae or Pupae breed or exist
1)	Depositing, Accumulating or maintaining any matter or thing which serves as food for insects or rodents and to which they may have access.

Signature of Individual Completing Form | Signature of Owner of Facility, Establishment, etc., if required

WHITE COPY = ESTABLISHMENT

CANARY COPY = LOCAL HEALTH DEPARTMENT

PINK COPY = INSPECTING OFFICIAL

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) YARDS Custom Butchering | Date 3/14/08

Municipality Raritan Township | [redacted]

Item No.	Remarks
	IN ORDER TO ABATE (corrected) 2.14) THE Following MUST BE Accomplished:
	- THE SPLASHED ANIMAL BLOOD ON THE walls of the Processing Room MUST BE Removed AND THE walls Properly Cleaned and Sanitized
	- THE TWO DE composing Deer CARCASSES in the walk-in Refrigerator / Storage Area MUST BE Removed and Properly Disposed.
	- THE walk-in Storage Area MUST be CLEANED AND Sanitized.
	- ANY AND ALL BAGS CONTAINING THE REMAINS of ANIMALS MUST be Removed from the Property AND Properly Disposed with.
	PROOF OF THE Proper Disposal of THE Remains MUST BE PROVIDED. RECEIPTS FROM LAND FILL MUST BE PROVIDED AS Proof By: 3/25/08

Signature of Individual Completing Form: Laurie Wolff | Signature of Owner of Facility, Establishment, etc., if required

WHITE COPY = ESTABLISHMENT

CANARY COPY = LOCAL HEALTH DEPARTMENT

PINK COPY = INSPECTING OFFICIAL

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) YARDS CUSTOM Butchering

Date 3/14/08

Municipality Raritan Township

[redacted]

Item No.	Remarks
	A WALK THROUGH INSPECTION OF THE FACILITY TO VERIFY THAT THE PREVIOUS HAVE BEEN REMOVED AND FACILITY HAS BEEN PROPERLY CLEANED AND SANITIZED WILL BE CONDUCTED ON: 3/25/08
	THE LIVE STOCK ARE INTENDED FOR SALE AT AUCTION ON 3/18/08. RECEIPTS SHOWING THE SALE OF THE ANIMALS AT AUCTION MUST BE PRESENTED.
	THESE VIOLATIONS SHALL BE CORRECTED AND ACTION STEPS MUST BE TAKEN TO PREVENT SUCH CONDITION FROM RE OCCURING ANY TIME IN THE FUTURE.

Signature of Individual Completing Form: Daniel Graff

Signature of Owner of Facility, Establishment, etc., if required

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