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Bloomer-Dragotta, Diane

From: Opra4Animals <opra+request-28307-46cfac3a@requests.opramachine.com>
Sent: Monday, December 20, 2021 10:57 AM
To: OPRA
Subject: OPRA request - Health Inspections for Animal shelter

Dear Edison Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

All Health Inspections for Animal Shelter from 2015 to present All photos from Health Inspections from 2015 to Present
All emails to & from animal shelter from 2015 to present All complaints from 2015 to present Medical records for all
animals from 2020 to present Floor plan of animal shelter

Yours faithfully,

Opra4Animals

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28307-46cfac3a@requests.opramachine.com

Is OPRA@EDISONNJ.ORG the wrong address for OPRA requests to Edison Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=edison_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/health_inspections_for_animal_sh

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

12/30/21

12/20/2021 12:03 PM

health

DB

12/20/21



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH RENO		ESTABLISHMENT TRADE NAME HI-CREST KENNELS	
NUMBER AND STREET 2154 OAK TREE ROAD		NUMBER AND STREET 2154 OAK TREE ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08820
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 908-561-7098
ZIP CODE 08820	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 908-791-0536

INSPECTION

TYPE OF ESTABLISHMENT KENNEL	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/11/2015	10:45	11:15

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR			
TELEPHONE NUMBER (732)-248-7273		TITLE	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date: 9/11/2015

Remarks

GATES RUSTING*
PAINT CHIPPING INSIDE KENNELS *
TUB CHIPPING *

(*) INDICATE REPEAT VIOLATIONS

1 CEILING LIGHT MISSING BULB OPEN SOCKET
BASE OF GROOMING TABLE CHIPPED PAINT
PLACARD/LICENSE NOT POSTED

5 DOGS BEING BOARDED VERIFIED RABIES INFORMATION

COBWEBS ON CAGES

EXTERIOR
KENNEL 4 FROM ENTRANCE VINYL IN DISREPAIR ON LEFT SIDE *

CONDITIONAL SATISFACTORY ISSUED FOR REPEAT VIOLATIONS NOT ADDRESSED
REINSPECTION 2 WEEKS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH AZZOLINA, JR.		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREET 853 HIGHWAY 35		NUMBER AND STREET 775 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY MIDDLETOWN	STATE NJ	COUNTY	TELEPHONE NO 732-662-3264
ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		NONE		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		7/28/2017	11:38	
		7/28/2017		

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date: 7/28/2017

Remarks

VERIFIED PET SHOP OPERATING WITHOUT FIRST OBTAINING PET SHOP LICENSE OR
GROOMING LICENSE OR BUILDING DEPARTMENT C/O APPROVAL

COURT SUMMONS SC 029939 ISSUED COURT PENDING 8/11/17

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CAMILLE SPEARNOCK



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ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		PRE-OPERATIONAL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		7/24/2017	13:28	13:28
		7/24/2017	19:16	19:16

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
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LESTER H. JONES		B-1697	12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date : 7/24/2017

Remarks

HOT WATER AT 3 BAY SINK AS WELL AS ISOLATION ROOM SINK OVER 120F

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ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

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PET SHOP		PRE-OPERATIONAL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		7/21/2017	13:22	13:22
		7/21/2017	19:16	19:16

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date : 7/21/2017

Remarks

SMALL ANIMAL LOG FOR BIRDS REQUIRED NAME, ADDRESS, WHAT SOLD, CONTACT NUMBER

ISOLATION ROOM

WATER AT 3 BAY SINK = 110F MUST BE 120F

FLOOR RAW CONCRETE

FREEZER FOR DEAD TO BE OPERATIONAL

RACK NEEDED FOR BROOMS

MOVE WASH PIPE DRAIN FOR FLOOR - POSSIBLE SPILLAGE

3 BAY SINK ROOM

HOT WATER = 110F MUST BE 120F

SEAL GAPS AT COVED BASING

FLOOR TO BE NON-ABSORBANT

TO RIGHT OF SINK SEAL GAP BETWEEN PLYWOOD WALL AND PAINT WITH WHITE SEMI-GLOSS PAINT

ANIMALS SCHEDULED TO ARRIVE 7/26/17

APPLY FOR GROOMING AND PET SHOP LICENSES

PLANNED OPENING 7/28/17

GRAND OPENING 8/12/17

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IDENTIFICATION

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
NUMBER AND STREE 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		5/12/2021	14:06	14:06
		5/12/2021		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
		TITLE REHS	
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NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 5/12/2021

Remarks

FRONT VESTIBULE
AIR VENT DIRTY
CEILING TILES MISSING/WATER STAINED
BROKEN CEILING TILES

ATTENDING VET DAVID KUPERSMITH
FIRE CERTIFICATE EXPIRED 9/29/2020
STATE PET SHOP LICENSE EXPIRES 12/31/21

CAT ADOPTION CENTER
BEING CLEANED FOR FUTURE USE

CAT FOOD SIDE
3 SOLID GOLD TROPICAL BLEND TURKEY EXPIRED 4/21 60Z
5 SOLID GOLD TROPICAL BLEND CHICKEN EXPIRED 9/20
HILLS SCIENCE DIET 5.50 EXPIRES 12/22 DENTED
SPOKE TO MANAGER TO HAVE ASSOCIATE TO CHECK STOCK

REAR AREA
NEW ARRIVAL ROOM
ALL ADEQUATE WATER/FOOD/LABELED
SINK NO SOAP; HOT WATER SATISFACTORY

QUIET/QUARANTINE ISOLATION ROOM
RATS STORED DIRECTLY ON FLOOR
VENTILATION RETURN DUSTY

BEHIND FISH AREA
BOTTLE OF UNLABELED FLUID ON REPTILE CART
CEILING VENTILATION RETURNS DUSTY
LIGHT FIXTURE NOT OPERABLE
FRIGIDAIRE REACH IN STAND UP REFRIGERATOR/FREEZER
REFRIGERATOR AIR TEMP 41F
FREEZER <0 F
BOTH LACK INDICATING THERMOMETER
VIREX II 256 STORED ABOVE BEDDING AND NEXT TO MILLET SPAY

WAREHOUSE
DOOR TO EXTERIOR NOT WEATHERTIGHT ON BOTTOM

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

HAPHAZARD STORAGE OF UNUSED EQUIPMENT
HAPHAZARD STORAGE OF PRODUCT OBSCURING WHITE INSPECTION STRIP
EYEWASH STATION BLOCKED DUE TO EQUIPMENT
YELLOW MOP BUCKET HAS DIRTY WATER

REST ROOMS
MENS ROOM OCCUPIED
LADIES ROOM - HOT WATER SOAP AND PAPER TOWELS VERIFIED
VENTILATION RETURN DUSTY

ANIMAL HABITATS
SMALL ANIMAL HABITAT LOWE LEFT EMPTY - UNCLEAN
BOTTOM SHELVE IN FISH AREA DIRTY

MINUS FORTY STAND UP FREEZER
AIR TEMPERATURE -6F
INDICATOR BROKEN
EXTERIOR GRILL COVER DIRTY

FRESH PET VITAL 2 DOOR REFRIGERATOR
AIR TEMP = 38F
FOOD PRODUCT DATES SATISFACTORY

PUPPY TRAINING AREA
NO VIOLATIONS

VERIFIED SMALL ANIMAL LOG

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/21/2020	09:39	09:39
		8/21/2020		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494	SIGNATURE		
NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 8/21/2020

Remarks

REAR
MOVE MERCHANDISE AWAY FROM EXTERIOR WALL

FRIGIDAIRE
FREEZER -1F
REFRIGERATOR 43F

NEW ARRIVALS & QUARANTINE ROOM
NO VIOLATIONS

STORE
MINUS FORTY FISH FOOD FREEZER -1F
EXTERIOR COVER DIRTY AND OFF TRACK ON RIGHT SIDE

REPTILE HABITAT
BOTTOM EXTERIOR DIRTY

FISH AREA
NO VIOLATIONS

PET FRESH VITAL 33F
PET TRAINING AREA - NO VIOLATIONS

PET ADOPTION AREA
SUSPENDED TEMPORARILY

STATE OF NJ PET SHOP LICENSE VALID AND POSTED
VET ON FILE ANIMAL & BIRD HEALTH CENTER
1785 SPRINGDALE ROAD
CHERRY HILL NJ 08003
856-751-2122

SMALL ANIMALS
NO VIOLATIONS

RANDOM DATES CHECKED ON PRODUCT - NO VIOLATIONS

FRONT ENTRY
1 CEILING TILE DISPLACED/MISSING

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NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/24/2019	13:30	14:00

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021	

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMAST, INC. # 2326

Date: 9/24/2019

Remarks

RESTROOM AREA
LADIES ROOM
NO VIOLATIONS

MENS ROOM
NO VIOLATIONS

WATER FOUNTAINS
HIGHER ONE WATER STREAM BELOW BUBBLER
HAS FOOD BOWLS ON IT? REMOVE IMMEDIATELY

WAREHOUSE
EXTERIOR SIDE DOOR FACING ROUTE 27 HAS A GAP CLOSE SO YOU SEE NO LIGHT
BAY DOORS COMPLETELY BLOCKED
MOP BUCKET HAS DIRTY WATER
BULK PRODUCT PUSHED DIRECTLY AGAINST WHITE INSPECTION STRIP

SMALL ANIMALS
NO VIOLATIONS

AQUATICS (CUSTOMER SIDE)
NO VIOLATIONS

BIRDS (CUSTOMER SIDE)
NO VIOLATIONS

REPTILES
NO VIOLATIONS

MINUS FORTY REACH IN TO LEFT OF REPTILES
INDICATOR = -12F; AIR TEMP ACTUAL = - 14F
EXTERIOR UNIT DIRTY

TRAINING AREA
NO VIOLATIONS

DOG FOOD REMOVED FOR BEING DENTED (CANS)
BLUE BUFFALO 12.5 OZ FISH & SWEET POTATO 11/7/21 EXPIRATION DATE
BLUE BUFFALO LAMB 12.5 OZ REMOVED EXPIRATION DATE 2/14/22

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CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

WELLNESS BRAND 13.2 OZ TURKEY EXPIRATION DATE 5/8/21
NUTRO BRAND FISH & POTATO LIMITED INGREDIENTS 12.5 OZ EXPIRATION DATE 6/26/21

FRESH PET VITAL REACH IN
INDICATOR = +38F
ACTUAL = +36F
FOOD DATES INSIDE UNIT SATISFACTORY

ASIDE FROM PULLED DENTED CANS, ALL RANDOMLY SELECTED FOOD, CANS AND TREATS
SATISFACTORY DATED

BEHIND FISH AREA
FRIDGIDAIRE REACH IN
FREEZER = -2F
REFRIGERATOR = +41F

UTILITY SINK
NO VIOLATIONS

HOLDING AREA
NO VIOLATIONS

QUARANTINE ROOM
NO VIOLATIONS - BRING FINCH WITH ONLY FEATHER LOSS OUT OF ROOM FOR SOCIALIZATION

ELIMINATE HIGH PITCHED NOISE IN STORE WITHIN 10 DAYS

VERIFIED SMALL ANIMAL/BIRD LOG IN A ORDERLY FASHION
STATE PET SHOP LICENSE PS2019086 EXPIRES 12/31/19
EDISON TOWNSHIP FIRE CERTIFICATE EXPIRES 10/16/19

VETERINARIAN ON CONTRACT: ANIMAL & BIRD HEALTH CARE CENTER, 1785 SPRINGDALE
ROAD, CHERRY HILL, NJ 856-751-2122

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NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/11/2018	10:45	11:30
		9/11/2018		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date: 9/11/2018

Remarks

ENTRY DOOR STILL MAKES NOISE UPON CLOSING
CEILING TILES WATER-STAINED AT ENTRY FOYER
1 CEILING TILE DISPLACED

FRESH PET = 33F
INTERIOR DIRTY
WATER DRIPPING ON CLOSED FOOD PRODUCT
UNIT TO BE THOROUGHLY CLEANED

WAREHOUSE
PRODUCT PUSHED OVER WHITE INSPECTION STRIP
WAREHOUSE TO BE THOROUGHLY CLEANED

MINUS 40 BRAND FREEZER AIR TEMP -6F
INTERIOR HAS EXCESS ICE ACCUMULATION
DOOR GASKET LOOSE

FRIGIDAIRE =37F
FREEZER=20F MUST BE 0F (FOOD IN A FROZEN STATE)

SHELVING NEXT TO FRIGIDAIRE UNCLEAN

WASH SINK
HOT WATER = 125F

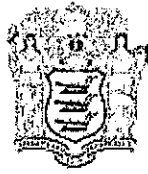
PRO PLAN BEEF AND PEAS 130Z CAN DENTED
NATURAL BALANCE LID BUFFALO & SWEET POTATO 13.2 OZ DENTED
NATURAL BALANCE LID DUCK AND POTATO 13.2OZ DENTED
BLUE WILDERNESS 5.5 CAT FOOD TURKEY RECIPE DENTED

VET IS DAVID SILVERSMITH DVM 29V100299700
VERIFIED SMALL ANIMAL LOG

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CAMILLE SPEARNOCK



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PET SHOP	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/10/2017	13:30	14:35
		8/10/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 8/10/2017

Remarks

8:23A

ENTRY DOOR
DOOR CLOSSES LOUDLY 1.3A
2 CEILING TILES WATER-STAINED 1.4F

FRESH PET VITAL REACH IN
AIR TEMP 37F
R SIDE PLASTIC LOOSE 1.3A

MINUS 40 BRAND REACH IN BY LIZARDS
AIR TEMP -8
INDICATOR +1

UNUSED PET ENVIRONMENTS BY FISH UNCLEAN 1.3A

MENS ROOM
1 URINAL OVERFLOWING 1.3A

LADIES ROOM
NO VIOLATIONS

WAREHOUSE AREA
HAPHAZARD STORAGE OF MERCHANDISE PUSH TO EXTERIOR WALL - NO WHITE INSPECTION STRIP 1.3A

GENERAL STORE
ALL VENT RETURNS REQUIRE DUSTING 1.4C

QUARANTINE ROOM
HOT WATER OK
NO VIOLATIONS

AREA BEHIND FISH FILTERS
2 CEILING LIGHTS NOT OPERABLE 1.4D

PREP TABLE AREA
HORNWORMS STORED ON SAME SHELF AS CLEANERS 1.3C
PERSONAL ITEMS STORED ON SAME SHELF AS PIPING MATERIAL, HYDROGEN PEROXIDE 1.3C

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SHELVING REQUIRES REORGANIZATION AND CLEANING 1.3A

FRIGIDAIRE REFRIGERATOR/FREEZER

FREEZER -1F

REFRIGERATOR +41F

BOTH REQUIRE THOROUGH CLEANING 1.4F

VERIFIED ANIMAL LOG

RANDOM CHECK OF FOOD DATES ALL OK

SIGNATURE OF INDIVIDUAL COMPLETING FORM

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment information.)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT PET SHOP	ESTABLISHMENT CODE	TYPE OF INSPECTION NONE		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/ 1/2016	12:35	12:40

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 10/ 1/2016

Remarks

10/1/16 SATISFACTORY RESTORED DUCT LAYOUT BY EMAIL FROM JAMES SPRYGADA OF PET SMART TO JAY ELLIOT REVEALS NO INTERMIXING WITH OTHER AREAS OF STORE FROM HOLDING AREAS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
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ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	REINSPECTION		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/12/2016	14:00	14:15
		9/12/2016		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date: 9/12/2016

Remarks

30 DAYS TO COMPLIANCE WITH NJAC 8:23A 1.9H
REQUIREMENT FOR ISOLATION ROOM
NEW SET OF AS BUILT PLANS ARE REQUIRED 2 SETS
1. HEALTH 1. BUILDING

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH AZZOLINA, JR.		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREET 853 HIGHWAY 35		NUMBER AND STREET 775 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY MIDDLETOWN	STATE NJ	COUNTY	TELEPHONE NO 732-662-3264
ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/ 7/2017	13:30	14:20
		9/ 7/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
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LESTER H. JONES	B-1697	12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date: 9/7/2017

Remarks

VET OF RECORD DR. THOMAS CURRO OF MIDDLETOWN VET HOSPITAL
FISH AND WILD LIFE PERMIT GOOD THROUGH 12/31/17

QUARANTINE ROOM
CURRENTLY USED FOR SANITIZING EQUIPMENT
INSTRUCTED MANAGER SAFA MIRZA ON PROPER WAY TO SANITIZE EQUIPMENT
1ST COMPARTMENT HOT WATER AND SOAP
2ND WARM RUNNING WATER
3RD STANDING WATER WITH BLEACH - PROVIDED TEST STRIPS

HAIER FREEZER = -9F

FREEZER FOR DEAD IN QUARANTINE ROOM AIR TEMP = -1F

BIRDS, SMALL ANIMALS AND FISH AREA - NO VIOLATIONS

QUARANTINE ROOM
3 BAY SINK USAGE OK ONLY IF NO BIRDS OR OTHER ANIMALS IN ROOM DO NOT HAVE
CONTAGIOUS/INFECTIOUS DISEASE

PET WASHING AREA BY PUBLIC
SANITIZE EQUIPMENT WITH BLEACH 2X CONCENTRATION OF 3 BAY SINK - DARK PURPLE ON
LITMUS PAPER BETWEEN EACH CLIENT USE

LADIES ROOM
NO VIOLATIONS

MENS ROOM
PAPER TOWEL DISPENSER IS NOT DISPENSING PAPER TOWELS; BUT HAS TOWELING

REPAIR DRYWALL RIPPING AT MENS AND LADIES ROOM SIGNS

SELF SERVE COOKIES BY REGISTERS
PROVIDE WAX PAPER SO YOU DO NOT TOUCH COOKIES WITH YOUR BARE HANDS

INSTINCT RAW FREEZER = -9F
THIS STUFF IS COOL FREEZER = -24
FRESH PET VITAL REFRIGERATORS = +31F

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

CAT ADOPTION AREA
NOT IN USE

OMEGA ONE FREEZER
AIR TEMPERATURE = -8F

CULINAIR REFRIGERATOR WITH WORMS
AIR TEMPERATURE = 53F

POST EDISON PET SHOP LICENSE AS WELL AS GROOMING SALON LICENSE
POST VETERINARIAN INFORMATION
POST NJ FISH, GAME AND WILDLIFE LICENSE
IN A CONSPICUOUS PLACE WHERE PUBLIC CAN VIEW - NOT AT EXIT DOOR

ADOPT SMALL ANIMAL LOG

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ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	PRE-OPERATIONAL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		7/17/2017	11:46	11:46
		7/17/2017	19:16	19:16

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date: 9/8/2017

Remarks

PRE-OPERATIONAL INSPECTION

ISOLATION ROOM
NEEDS CAGE INSTALLED
NEEDS RACK FOR DRIED UTENSILS
NEEDS BROOM HOLDERS
3 BAY SINK HOT WATER 98F

3 BAY SINK ROOM
NEEDS DRYING RACK
NEEDS FRP BY SOAPS TO R OF 3 BAY SINK
3 BAY SINK 97F

12 WIDE WHITE INSPECTION STRIP REQUIRED ALONG EXTERIOR WALL IN WAREHOUSE AREA

PRIMARY ENCLOSURES
NEED LOCK FOR BIRD CAGES
NO LIVE ANIMALS YET - GRAND OPENING 8/28/17 SOFT OPENING 7/28/17

CAT ADOPTION ROOM
NOT SET UP AT TIME OF INSPECTION

VITAL PET REFRIGERATOR AIR 35F
NATURES VALLEY RAW 0F
THIS STUFF IS COOL -1F

CONTINUE COVERED BASING IN REAR WAREHOUSE AREA AS NEEDED

HOT WATER AT 3 BAY SINKS TO BE 120F

ANNUAL PET SHOP/PET GROOMING LICENSE APPLICATION PROVIDED

LADIES ROOM
CLOSE OFF AREA WITH MOP STATION

MENS ROOM
CAULK SINK TO WALL

REAR DOOR

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SEAL SO NO LIGHT IS VISIBLE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio,		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
NUMBER AND STREET 19601 N-27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/ 9/2015	10:30	11:13

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 9/ 9/2015

Remarks

ISOLATION ROOM
LOCATED INSIDE BANFIELD PET HOSPITAL
NO VIOLATIONS

MINUS FORTY REACH IN FREEZER BY REPTILES -1 AIR INDICATOR = -15

FRESH PET VITAL REACH IN REFRIGERATOR = 41F
INDICATOR = 38F

CEILING LIGHT OVER AISLE 9 NOT OPERABLE

WAREHOUSE
PRODUCT PUSHED UP AGAINST EXTERIOR WALL

FISH BACK AREA
FRIGIDAIRE REFRIGERATOR AIR = 51F MUST BE 35 TO HOLD FOOD AT 41F
FREEZER 11F

NEW ARRIVAL ROOM OFF FISH ROOM HOLD NEW ARRIVALS AT STORE FOR 2 WEEKS PRIOR
TO OFFERING FOR SALE

SMALLER AREA NEXT TO NEW ARRIVAL ROOM

AREA LACKS ELECTRICITY. ELECTRICIAN ON CALL FOR THIS

VERIFIED ANIMAL LOG.

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SANITARY INSPECTION REPORT

IDENTIFICATION

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. # 2326	
NUMBER AND STREE 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/ 8/2016	13:35	14:30

EVALUATION

DELAYED POSTING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date: 9/ 8/2016

Remarks

DOCUMENTS REQUIRED TO BE POSTED
EDISON TOWNSHIP FIRE INSPECTION CERTIFICATE 9/2/16 EXP.
NJDEP PET SHOP LICENSE PS 2016157 EXP 12/31/16
VETERINARIAN: DAVID S. KUPERSMITH 29V100299700, 1785 SPRINGDALE ROAD, CHERRY HILL,
NJ 08003

ITEMS POSTED PRIOR TO INSPECTION COMPLETION AND CORRECTED ON SITE.

ISOLATION ROOM 1.9G
NOW OFF FISH ROOM - PER PETSMART THIS WAS ALWAYS THE ISOLATION ROOM THEY ARE
SEPARTED FROM BANFIELD AND THAT BANFIELD IS ONLY A TENANT OF THEIRS. THEY NEVER
HAD THEIR ISOLATION ROOM INSIDE BANFIELD; THE ISOLATION ROOM MUST ONLY BE FOR
BANFIELD.
SATISFACTORY RATING WILL NOT BE RESTORED UNTIL PETSMART CAN PROVE THAT THIS
ROOM HAS ITS OWN VENTILATION SYSTEM.
SINK IN ROOM ADEQUATE HOT/COLD WATER

NEW ARRIVAL ROOM NEXT TO ISOLATION ROOM
HOT WATER/COLD WATER ADEQUATE
SOME CAGES/CONTAINERS HAPHAZARDLY STORED ON FLOOR 1.3
AREA BEHIND FISH TANKS
FRIGIDAIRE REF/FREEZER
FREEZER AIR 18F
REFRIGERATOR AIR 43F
BEDDING TO LEFT OF UNIT STORED DIRECTLY ON THE FLOOR 1.3

MINUS 40 REACH IN UNIT TO LEFT OF REPTILES <0F

MENS ROOM
NO VIOLATIONS

LADIES ROOM
NO VIOLATIONS

DRINKING FOUNTAINS
WATER OVER BUBBLER

WAREHOUSE 1.3
LACKS WHITE INSPECTION STRIP

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

PRODUCT STORED AGAINST WALL
REQUIRES ORGANIZATION
1 MOUSE BAIT STATION ENTRANCE BLOCKED BY BOLT

CHECKED RANDOM FOOD DATES ALL SATISFACTORY

FISH AREA
RESH PET VITAL REACH IN 31F
INDICATOR 37F

TRAINING AREA NO VIOLATIONS

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH RENO		ESTABLISHMENT TRADE NAME HI-CREST KENNELS	
NUMBER AND STREET 2154 OAK TREE ROAD		NUMBER AND STREET 2154 OAK TREE ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08820
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 908-561-7098
ZIP CODE 08820	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 908-791-0536

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
KENNEL	GOODS	REINSPECTION		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/ 6/2015	10:45	11:00

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date: 10/ 6/2015

Remarks

NO CHANGE FROM 9/11/15 INSPECTION EXCEPT FOR

EXTERIOR KENNEL 4 SIDING REPAIRED

SINK CHIP REPAIRED

GROOMING TABLE CHIP REPAIRED

MR. RENO ORDERED NEW CAGES FOR LEFT SIDE OF INTERIOR

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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SANITARY INSPECTION REPORT

IDENTIFICATION

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH RENO		ESTABLISHMENT TRADE NAME HI-CREST KENNELS	
NUMBER AND STREET 2154 OAK TREE ROAD		NUMBER AND STREET 2154 OAK TREE ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08820
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 908-561-7098
ZIP CODE 08820	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 908-791-0536

INSPECTION

TYPE OF ESTABLISHMENT KENNEL	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 4/2016	11:00	11:30
		8/ 4/2016		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date : 8/ 4/2016

Remarks

FLOORS LOOK GREAT!!!!

CEILING BALLAST LIGHTS NOT PLASTIC COATED - ABLE TO BREAK

VERIFIED CLIENT CARE CARDS

11 DOGS BEING BOARDED

EXTERIOR

NO VIOLATIONS

SATISFACTORY ISSUED AT THIS TIME

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information

(Complete this section only if different from establishment information.)

ESTABLISHMENT INFORMATION

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
JOSEPH RENO

ESTABLISHMENT TRADE NAME
HI-CREST KENNELS

NUMBER AND STREET
2154 OAK TREE ROAD

NUMBER AND STREET
2154 OAK TREE ROAD

COUNTY

MUNICIPALITY
EDISON

ZIP CODE
08820

MUNICIPALITY
EDISON

STATE
NJ

COUNTY

TELEPHONE NO
908-561-7098

ZIP CODE
08820

CO/MUN. CODE

ESTABLISHMENT STATE
LICENSE NO. (If Appl)

FAX NO.
908-791-0536

INSPECTION

TYPE OF ESTABLISHMENT

KENNEL

ESTABLISHMENT CODE

TYPE OF INSPECTION

FULL

GOODS

TIME - (2400 HOURS)

DATE

BEGIN

END

9/13/2017

10:30

10:45

9/13/2017

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print)

**EDISON DEPARTMENT OF HEALTH
100 MUNICIPAL BLVD.
EDISON, NJ 08817
JAY P. ELLIOT, DIRECTOR**

NAME OF INSPECTOR

CAMILLE SPEARNOCK

TITLE

REHS

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

SIGNATURE

NAME OF HEALTH OFFICER

LESTER H. JONES

INSPECTOR'S PERM. REG. NO.

B-1697

DATE

12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date : 9/13/2017

Remarks

2 DOGS BOARDING AT THIS TIME
VERIFIED SHOT RECORDS

EXTERIOR
NO VIOLATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH RENO		ESTABLISHMENT TRADE NAME HI-CREST KENNELS	
NUMBER AND STREE 2154 OAK TREE ROAD		NUMBER AND STREET 2154 OAK TREE ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08820
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 908-561-7098
ZIP CODE 08820	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 908-791-0536

INSPECTION

TYPE OF ESTABLISHMEN KENNEL	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/24/2019	10:00	10:45

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date : 9/24/2019

Remarks

FOUR DOGS BEING BOARDED VERIFIED RABIES OK

KENNEL EXTERIOR

KENNEL WITH MANDY THE WELSH TERRIER - EXIT DOOR ON TOP IN DISREPAIR

EXTERIOR DOOR TO ESTABLISHMENT

1 PANE LOWER RIGHT MISSING

DOOR HARD TO OPEN

KENNELS INTERIOR

GALVANIZED STEEL SHOWING SIGNS OF RUST

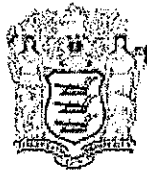
STEP TO EXTERIOR FROM INSIDE KENNEL CHIPPING PAINT

DOES FACILITY HAVE WELL OR CITY WATER - EMPLOYEE WILL ASK JOE RENO

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH RENO		ESTABLISHMENT TRADE NAME HI-CREST KENNELS	
NUMBER AND STREET 2154 OAK TREE ROAD		NUMBER AND STREET 2154 OAK TREE ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08820
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 908-561-7098
ZIP CODE 08820	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 908-791-0536

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
KENNEL		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/21/2020	09:49	09:49
		8/21/2020		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.	DATE	
LESTER H. JONES	B-1697	12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: HI-CREST KENNELS

Date : 8/21/2020

Remarks

NO VIOLATIONS FOR FACILITY

VERIFIED RABIES INNOCULATIONS FOR BOARDERS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT EDISON TOWNSHIP EDISON TOWNSHIP (D		ESTABLISHMENT TRADE NAME EDISON MUNICIPAL ANIMAL SHELTER	
NUMBER AND STREET 100 MUNICIPAL BLVD		NUMBER AND STREET 125 MUNICIPAL BOULEVARD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-248-7276
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-248-0494

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
KENNEL	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/31/2018	10:00	10:55

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR MARIA TOMARO	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE 	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-2291	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER

Date: 10/31/2018

Remarks

NOTE: Inspection was conducted in collaboration with Middlesex County Health Officer Lester Jones and Chief Health Environmental Health Specialist Greg Laslo. Administrative records were verified by Lester Jones. Outside enclosure and indoor facilities were inspected by Edison Township REHS Maria Tomaro and Middlesex County REHS Greg Laslo

ADMINISTRATIVE RECORDS:

Note: Sayrebrook Animal Hospital is the Veterinarian of record- Dr. Messina conducts a quarter inspection of the facility. Inspection records are available upon request.

A random review of the animal records of animals currently sheltered was conducted by Lester Jones.

RECORD REVIEW-CATS

Goblin, 100320184- record ok

Adonis, 051320174-record ok

Gidget, 1010201810-record was 1 of 4, the intake date should be recorded on each record.

Reginald, 1012201815- record ok

RECORD REVIEW-DOGS

Tucker, 100520187- record ok

Bojack, 091620101-record ok

Bullet, 020920181-record ok

OUTSIDE ENCLOSURE TO THE RIGHT OF THE FRONT ENTRY DOOR

1.5 (e) floor lacks impervious surface- made of wood chips, not easily cleanable

1.3 (f) Root stump sticking up from ground – sharp edge could cause injury to animals

1.3 (f) trash, debris on grounds at the perimeter of the property behind outside enclosure

WALK WAY TO ENTRANCE:

Verified Several animal traps approximately six (6) – small animal inside each, protected from weather elements.

Weather conditions: sunny, temp: 48 F

INDOOR FACILITIES

Administration office:

Verified pest control placard posted in conspicuous place – at administrators desk. Serviced by Cooper Pest Control 10/17/18

Animals in office

Two (2) Guinea pig cages (each housing one (1) guinea pig) - in good repair

One (1) rabbit cage (housing one (1) rabbit) in good repair

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaro

MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

1.3 (c) food in storage container stored directly on floor under left guinea pig cage

HOLDING AREA

Verified each cage posted identifying documentation for each animal

Sink:

Verified hot water, soap

1.3 (e) paper towel dispenser in disrepair

CATS ENCLOSURE:

Verified disinfectant: Excell

Lacking proper identifying label on disinfectant bottle- COS

Verified the following held in cages with identification posted:

Six (6) cats (Right side-wall)

Four (4) cats (orange wall)

Four (4) cat cages empty- As per animal control officer- at the vet

Three (3) cats (green wall)

Five (5) cats (large orange wall)

Verified bedding – ground wood pellets- litter composition- "Sharing the Forrest" brand

ISOLATION ENCLOSURE

Total # of cats: 24

Verified documents posted on each cage

Disinfectant no longer in use- Posted instructions for mixing tri-fectant located inside of cabinet: note: please remove.

Medicine storage- no violations

Sink:

Verified hot water, soap and paper towels

1.3 (e) paper towel holder not operable

OUTSIDE

Verified white chest freezer- containing deer carcass wrapped in plastic

Verified the following;

Dog pen- one (1) small dog located behind the township vehicles (vans)

1.7 (h) lacking access to water

(2) Dog runs with asphalt surface. Contains four (4) dogs

1.7 (h) lacking access to water

1.5 (e) (1) run located off front of property- empty

(1) run located on the driveway – asphalt surface

BOILER ROOM

Verified mixing/dilution instructions for Excell disinfectant posted on hot water heater

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaro

MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

KITCHEN:

Verified canned animal food stored properly in cabinet
Verified containers/bowls stored properly
Verified separate refrigerator for employee food
Sink:
Verified bleach sanitizer: ratio posted on front of bay
Lacking test strips
Food storage shelves- verified food stored off ground

DOG ENCLOSURE

Verified 7 large dogs
Verified identification for each dog in each cage
Verified cages on opposite side being cleaned

BATHROOM

Door lacks self- closure device
Sink:
Verified hot water available
Verified stocked with soap and paper towels

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaro
MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT EDISON TOWNSHIP EDISON TOWNSHIP (D		ESTABLISHMENT TRADE NAME EDISON MUNICIPAL ANIMAL SHELTER	
NUMBER AND STREE 100 MUNICIPAL BLVD		NUMBER AND STREET 125 MUNICIPAL BOULEVARD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-248-7276
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-248-0494

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
KENNEL	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		12/30/2019	11:25	12:05
		12/30/2019		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR MARIA TOMARO	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO. B-2291	DATE 12/22/2021	

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER

Date: 12/30/2019

Remarks

OUTSIDE ENCLOSURE TO THE RIGHT OF THE FRONT ENTRY DOOR - no violations

WALK WAY TO ENTRANCE - no violations

INDOOR FACILITIES

ADMINISTRATION OFFICE - lacks pest control placard - NOTE: please provide receipt of recent pest control services.

HOLDING AREA- DOG INTAKE ENCLOSURE

Verified each cage posted identifying documentation for each animal

one (1) puppy shepard mix

one (1) shitzu mix

one (1) cocker spaniel mix

Sink:

verified hot water = 95°F soap, paper towels

1.3 (e) lacks paper towel dispenser

CATS ENCLOSURE

Verified disinfectant : Excell

Verified the following held in cages with identification posted:

Two (2) cats (Right Side-Wall)

One (1) cat (Orange Wall)

Three (3) cats (Green Wall)

Two (2) cats (Large Orange Wall)

Verified litter composition - Easy Clean brand ground corn cob

Srorage for cat food- verified dates at random.

Verified cages are clean, verified cages in process of being cleaned

ISOLATION- INTAKE

Total # cats: 5

Verified documents posted on each cage

Medicine storage - no violations

Sink:

verified hot water, soap, paper towels

1.3 (e) lacks paper towel dispenser

Verified refrigeration = 32°F

OUTSIDE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

MARIA TOMARO



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

Verified white chest freezer - containing several dead cats, skunk wrapped in plastic. Verified frozen
1.3 (d) freezer lid in disrepair- rusted areas, ice accumulation at the interior, unit may lack sufficient seal
Dog pen - vacant
(2) dog runs with asphalt surface- vacant
(1) run located on the driveway- asphalt surface- vacant
Haphazard storage of cages piled in rear of shelter

BOILER ROOM

Verified operable- newly installed tankless hot water heater- thermostat set to 120°F
Verified operable newly installed furnaces.

KITCHEN

Cans of dog/cat food - dates verified at random
1.7 (b) Verified canned animal food stored on unclean surface- interior of cabinet over microwave and
cabinet over long counter
1.7 (b) cutting parts of electric can opener rusted
Sink:
Verified hot water = 118.4°F
Lacks sanitizer test strips
1.3 (e) Lacks paper towels
Verified QUAT sanitizer- Rescue NOTE: dilution ratio posted on container

DOG ENCLOSURE

Total of six (6) dogs - NOTE - two (2) dogs are at vet
Verified six (4) large dogs
Verified identification for each dog in each cage
Verified cages are clean

BATHROOM

Door lacks self-closing device
Sink:
verified hot water available
Verified stocked with soap and paper towels
Lacks garbage can with lid

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

MARIA TOMARO



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT EDISON TOWNSHIP EDISON TOWNSHIP (D		ESTABLISHMENT TRADE NAME EDISON MUNICIPAL ANIMAL SHELTER	
NUMBER AND STREE 100 MUNICIPAL BLVD		NUMBER AND STREET 125 MUNICIPAL BOULEVARD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-248-7276
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-248-0494

INSPECTION

TYPE OF ESTABLISHMEN KENNEL	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		12/18/2020	13:45	14:15
		12/18/2020		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR	
TELEPHONE NUMBER (732)-248-7273		TITLE	
FAX NUMBER (732)-248-0494	SIGNATURE		
NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO.	DATE 12/22/2021	

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER

Date : 12/18/2020

Remarks

EXTERIOR BY FRONT ENTRY DOOR
LARGE AMOUNT OF DEBRIS

OFFICE AREA
MUNICIPAL LLICENSE NOT POSTED
EXTERMINATION HAS NOT BEEN PERFORMED FOR OVER A YEAR PER EMPLOYEE - DEBRA MORBABITO BECAUSE PESTICIDE WOULD JUST STAY ON FLOOR

VERIFIED INTAKE FORMS OF ANIMALS ON SITE

HOLDING AREA
HOT WATER VERIFIED AT HANDWASH SINK OF 90F
STOCKED WITH SOAP AND PAPER TOWELS

TWO CATS IN PRIMARY ENCLOSURES SATISFACTORY
BAG OF OPEN CAT FOOD STORED DIRECTLY ON FLOOR

RESTROOM
EXAUST FAN NOT OPERABLE

LARGE HOLDING AREA
THREE DOGS BEING HOUSED
LIGHTS NOT SHIELDED
ONE DOG A CHICHIHUA LACKS IDENTIFICATION PLACARD
LIGHTS NOT SHIELDED
SEVERAL UNUSED CAGES UNCLEAN
A FEW CAGES NOT BEING USED RUSTING CONDITION
NOTE: AWAITING DELIVERLY OF NEW CAGES

CAT ROOM
SEVEN CATS COUNTED SOME AT PEOPLE FOR ANIMALS
LIGHTS NOT SHIELDED

KITCHEN
FOOD STORED DIRECTLY ON THE FLOOR
3 BAY SINK HOT WATER VERIFIED 118F
FOOD STORED IN CABINETS- DATES VERIFIED

TREATMENT ROOM

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SMOKE ALARM MISSING

BOILER ROOM
FLOOR DRAIN SEVERELY RUSTING CONDITION

OUTDOOR ENCLOSURE - NO VIOLATIONS

CHECKED MUNICIPAL VEHICLE IN LOT - SATISFACTORY

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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SANITARY INSPECTION REPORT

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MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-248-7276
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-248-0494

INSPECTION

TYPE OF ESTABLISHMENT KENNEL	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		7/27/2021	10:15	11:00

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR	
TELEPHONE NUMBER (732)-248-7273		TITLE	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO.	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER

Date: 7/27/2021

Remarks

THE VIOLATIONS LISTED BELOW ARE IN VIOLATION OF NJAC 8:23A

EXTERIOR BY FRONTENTRY:

- 1.7 (b) CAT FOOD AND OTHER ITEMS STORED ON BENCHES
- 1.3 (b) CAT LITTER STORED OPEN TO THE ELEMENTS IN BAGS

FACILITY STRUCTURE FRONT

- 1.3 (a) WOODEN FACIA LACKS PAINT
- 1.3 (a) COLUMNS SHOW SIGNS OF RUST

OFFICE AREA/ADMINISTRATIVE RECORDS

OK PLACARD AND LICENSE VERIFIED POSTED

- 1.9 (b) (1) EXTERMINATION PLACARD NOT POSTED

RECORD INTAKE REVIEW - RANDOM CATS

- 1.13 (a) TURNIP - RECORD LACKS CAGE NUMBER ON INTAKE SHEET
- 1.13 (a) other records also lack cage numbers

HOLDING AREA

OK hand wash sink - verified hot water = 90°F, paper towels

- 1.3 (e) lacks liquid soap/ only hand sanitizer
- 1.9 (a) unlabeled spray bottle with liquid and windex stored next to cat food
- 1.4 (e) lights not shielded from breakage
- 1.8 (a) KENNELS 29, 32 AND 33 AS WELL AS BLACK CRATE BLOCKING THE EXIT DOOR TO EXTERIOR

KENNELS - HOLDING ROOM CONFINED

- 1.8 (a) cats (2) black in unmarked cage- no identification
- 1.8 (a) cages (3) in cages unlabeled
- 1.8 (a) empty cages although have label
- 1.8 (a) empty cages unclean
- 1.8 (a) unused cages large - dirty

BATHROOM

- 1.3 (a) shower blocked by product
- 1.3 (a) exhaust fan not operable NOTE: repeat violation- report from 12/18/20

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

OK hot water = 88°F
OK verified soap and paper towels

SMALL ANIMAL/CAT ROOM

- 1.8 (a) cat kennel 12 full of feces
- 1.8 (a) room has revolting smell
- 1.8 (a) many occupied cages litter boxes
- 1.8 (a) full/vomit or diarrhea verified

NOTE: hissing cat loose

NOTE: ORANGE WALL (10) enclosures/12 cats

NOTE: GREEN WALL (6) cages, (4) cats

LARGE HOLDING AREA

NOTE: dog in cage #2 & 17 has no identification card

- 1.3 (a) cage # 8 - dirty

BOILER ROOM

- 1.3 (a) dryer has duct tape instead of fire resistant aluminum tape
- 1.3 (a) floor drain in severe disrepair - NOTE: repeat violation report- 12/18/20
- 1.3 9a) mops/brooms stored haphazardly on floor
- 1.3 9a) cleaners/laundry soap stored directly on floor

KITCHEN

- 1.7 (b) bags (7) of cat food stored directly on floor

NOTE: haphazard storage of food bowls on stove

2-BAY SINK

- 1.3 (a) lacks chlorine test strips\
- 1.8 (e) 2-BAY WAY TOO MUCH CHLORINE-
- 1.8 (e) some bowls just floating on water-not being properly sanitized.

NOTE: HI-SENSE BRAND REFRIGERATOR/FREEZER

upper air temp = 11°F

- 1.7 (b) food stored uncovered

lower air temp = 22°F

- 1.3 (a) SMOKE ALARM REMOVED FROM CEILING

SICK ROOM\

- 1.3 (a) NO SMOKE ALARM
- 1.8 (a) room has revolting smell
- 1.9 (a) employee observed cleaning cage with out gloves or mask then touched medication

EXTERIOR- REAR

- 1.3 (f) haphazard storage of crates

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

1.3 (f) freezer for dead = 5°F

OK verified inspection MVC dates ok on (2) shelter vehicles

DOG ENCLOSURE

1.7 (h) unable to verify if animal has water

REFUSE AREA

1.3 (f) many cans overfilled

1.3 (f) cardboard not broken down

1.3 (f) containers stored haphazardly

NOTE: CONDITIONAL SATISFACTORY ISSUED AT THIS TIME

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO ANIMAL SU PETCO ANMAL SUPPLI		ESTABLISHMENT TRADE NAME PETCO #283	
NUMBER AND STREE 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/18/2015	11:00	12:35
		8/18/2015		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 8/18/2015

Remarks

EXTERIOR DUMPSTER AREA
LEFT DUMPSTER LID MISSING 1.3F

MENS ROOM
NO VIOLATIONS

LADIES ROOM
CRACK ON FLOOR BY CHANGING STATION 1.3E

WALL TO RIGHT OF PETCO FOUNDATION SIGN COVED BASING LOOSE 1.3F

RAT ENCLOSURE
LIGHT NOT OPERABLE 1.4D

1 VITA-SOL LIQUID MULTI-VITAMIN 4 FL OZ LEAKING REMOVED FROM SHELF 1.7D

FISH AREA

SINK AT CENTER OF FISH AREA WATER TEMP NOT 120F (90F) MUST BE 120F
SAME SINK LACKS BOTTOM UNDER SINK ITSELF IN CABINET 1.3F

GENERAL - WATER PONDING ON FLOOR 1.4F/G

BEVERAGE AIR FREEZER

INDICATOR THERMOMETER -6F

AIR TEMPERATURE = +17F

AIR TEMPERATURE MUST HOLD PRODUCT AT 0F OR LESS 1.7D

FISH TANKS

SOME TANKS HAVE DEAD FISH TO BE REMOVED (2) TANKS

SALT WATER AQUARIUMS

SOME HAVE CORAL ROCKS WITH ZIP TIES BROKEN TO BE REMOVED 1.6A

BY GOLD FISH - VENT RETURN COVER MISSING 1.3F

COVERS MISSING FOR SOME FILTER AREAS (GOLD FISH BY SINK) 2 COVERS BY SALTWATER
TANKS 1.3F

WELLNESS ROOM OFF FISH AREA

SINK WATER TEMP = 95F MUST BE 120F

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

MOP BUCKET DIRTY/MOP STORED ON FLOOR 1.3
BROOM STORED ON FLOOR AND NOT IN HOLDER 1.3
VENTILATION RETURN DUSTY 1.3
ITEMS STORED DIRECTLY ON FLOOR NEXT TO WHITE KENMORE UNDER SINK REFRIGERATOR
AND IN CARDBOARD BOX (NOT A DURABLE CONTAINER) NEXT TO DIRTY UTILITY CART 1.3
2 DIRTY UTILITY CARTS 1.3
1 CEILING LIGHT NOT OPERABLE 1.3
CEILING TILE IN CORNER NOT SECURE 1.3

KENMORE REFRIGERATOR
47F AIR TEMPERATURE
MUST BE 35 AIR TEMPERATURE TO HOLD FOOD AT 41F

REPTILE AREA
LEFT REFRIGERATOR AIR TEMP 53F MUST BE 41F
RIGHT SIDE REFRIGERATOR AIR TEMP 41F

PARAKEEP PRIMARY ENCLOSURE
ZIP TIES USED TO HANG TOYS NOT SECURELY CLOSED/EXCESS TIE CUT OFF COULD POSE AS
A POSSIBLE HANG/INJURY HAZARD 1.6

WAREHOUSE
UNIDENTIFIED SPRAY BOTTLE ON CART WITH LIQUID 1.3
PRODUCT PUSHED BEYOND WHITE INSPECTION STRIP 1.3
HAPHAZARD STORAGE OF ITEMS DIRECTLY ON FLOOR 1.3
2 CEILING LIGHTS NOT OPERABLE 1.3

MINUS-FORTY FREEZER NATURES VALLEY
AIR TEMP +10F/INDICATOR -1
FOOD IN A FROZEN STATE
FOOD SHALL BE HELD AT 0F

FRESH VITAL REFRIGERATOR
INDICATOR = 34F
AIR TEMP = 40
DOORS ARE NOT TIGHT-FITTING/LARGE GAP ON EITHER SIDE

QUARANTINE ROOM (OFF TRAINING AREA) 1,9G
NOT SET UP FOR BIRDS
HAPHAZARD STORAGE OF ALL ITEMS ONLY ITEMS TO BE STORED IN THIS ROOM ARE FOR THE
CARE OF DISEASED BIRDS AND SHALL BE LABELED AS SUCH QUARANTINE ROOM USE ONLY 1.9G

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SEPARATE BIRD SOLD LOG SHALL BE MAINTAINED AFTER EACH SALE OF AVIAN SPECIES FOR DISEASE TRACKING PURPOSES

NAME, ADDRESS, TELEPHONE NUMBER, WHAT SOLD, WHEN SOLD, ID/TAG/CHIP NUMBER; SPECIES

TRAINING ROOM
VENTILATION RETURNS DIRTY 1.3

SEVERAL ITEMS LISTED BELOW WERE REMOVED FROM SALE FOR EXPIRED FOOD/DENTED CANS. 1.7B

10 SPOTS CHOICE SHREDDED BEEF AND CHICK PE HALO BRAND 13.2 OZ EXPIRED 6/1/15
1 NATURES VARIETY INSTINCT CHICKEN FORMULA 13.2 OZ DENTED REMOVED EXPIRED 7/12/15
3 NATURES VARIETY INSTINCT CHICKEN FORMULA 13.2 OZ EXPIRED 7/12/15
11 NATURES VARIETY INSTINCT BEEF FORMULA OUTDATED 7/12/15
1 WELLNESS BRAND CHICKEN 13.2 OZ DENTED 10/14/17 EXPIRATION DATE REMOVED
8 WELLNESS BEEF STEW DENTED EXPIRED 9/9/17 13.2 OZ
1 WELLNESS CHICKEN STEW DENTED 8/25/17 13.2OZ DENTED

REINSPECTION 8/19/15 ALL SINKS WITH THE EXCEPTION OF HANDWASH SINKS (INCLUDING GROOMING AREA) SHALL HAVE WATER TEMPERATURE TO 120F FOR DISEASE CONTROL. IF SINKS ARE NOT AT 120F BY 8/19/15 THE FACILITY WILL BE CLOSED UNTIL 120F SANITATION TEMPERATURE IS OBTAIN.

A BIRD LOG SHALL BE MAINTAINED AND VERIFIED 8/19/15

ALL REMAINING ITEMS SHALL BE ADDRESSED WITHIN TWO (2) WEEKS OF 8/18/15. ANY OPEN ITEMS MUST HAVE ACCOMPANIED WORK ORDER AND ANTICIPATED COMPLETION DATES SATISFACTORY WITH THIS DIVISION.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment information.)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO ANIMAL SU PETCO ANIMAL SUPPLI		ESTABLISHMENT TRADE NAME PETCO #283	
NUMBER AND STREET 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	REINSPECTION		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/19/2015	09:15	09:28
		8/19/2015		

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 8/19/2015

Remarks

FISH SINK FAUCET OVER 120F

WELLNESS ROOM FAUCET 120F

VERIFIED BIRD LOG IN 3 RING BINDER TO ALSO BE PUT IN A COMPOSITION NOTEBOOK

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IDENTIFICATION

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INSPECTION

TYPE OF ESTABLISHMENT PET SHOP	ESTABLISHMENT CODE	TYPE OF INSPECTION REINSPECTION		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/22/2015	13:30	14:00
		9/22/2015		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR			
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LESTER H. JONES			12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 9/22/2015

Remarks

FISH AREA
BEVERAGE AIR FREEZER
AIR TEMP +16 F
INDICATOR -6
MUST BE NO MORE THAN +/- 3 F OFF

WELLNESS ROOM
KENMORE REFRIGERATOR/FREEZER
AIR TEMPERATURE 51F MUST BE 35 OR LESS TO HOLD PRODUCT AT 41F

MINUS FORTY NATURES VALLEY FREEZER
FFS
AIR +13F
INDICATOR -5F

FRESH VITAL REFRIGERATOR
DOORS NOT TIGHT-FITTING
AIR TEMPERATURE 40F
INDICATOR 37F

TRAINING AREA
VENTILATION RETURNS DIRTY

QUARANTINE ROOM
CLEANED OUT BUT MUST BE SET UP TO ACCEPT SICK BIRDS

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ZIP CODE 78245	COM/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	COMPLIANCE CHECK		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/ 7/2015	10:00	10:15
		10/ 7/2015		

EVALUATION

NO RATING

OFFICIAL (S)

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LESTER H. JONES			12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 10/7/2015

Remarks

FISH AREA
BEVERAIRE FREEZER
AIR TEMP +21F
INDICATOR -6

WELLNESS ROOM
UNDER SINK REFRIGERATOR - KENMORE
AIR TEMP +51F
MUST BE 35F TO HOLD FOOD AT 41F
NOT NSF APPROVED FOR COMMERCIAL USE

MINUS FORTY NATURES VALLEY FREEZER
AIR +9F

FRESH VITAL REFRIGERATOR
AIR 36F
INDICATOR 38F

TRAINING AREA
VENTILATION RETURN DUSTY

QUARANTINE ROOM
NOT SET UP FOR BIRDS

RAILING OUTSIDE GROOMING AREA STILL RUSTING CONDITION

RECHECK 2 WEEKS

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INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 3/2016	13:30	14:45
		8/ 3/2016		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
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LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 8/ 3/2016

Remarks

MAIN STORE -
THE EATERY TREAT BAR OPEN FOOD NOT PROTECTED BY COVER OR SNEEZE GUARD

LADIES ROOM
HANDICAPPED BATHROOM - TOILET WAX SEAL BROKEN
RESTOCK WITH PAPER TOWELS

MENS ROOM
NO VIOLATIONS

FISH AREA
BEVERAGE AIR REACH IN FREEZER AIR TEMP 10F INDICATOR READS -5F
SEAL SIDE OF TANK (LOOSE) ACROSS FROM BEVERAGE AIR FREEZER
SINK OBSTRUCTED BY BOX
WATER ON FLOOR BEHIND SINK
FIREFISH GOBI TANK LIGHT NOT OPERABLE
CEILING LIGHT NOT OPERABLE

ROOM OFF FISH AREA
KENMORE REACH IN REFRIGERTOR = 48F
GOO OFF CHEMICAL STORED ON SAME SHELF AS ANIMAL SUPPLIES
MOP BUCKET HAS DIRTY MOP WATER

SMALL ANIMAL FOOD DATES RANDOMLY CHECKED AND ARE SATISFACTORY

AREA ACROSS FROM LIZARDS
REFRIGERATION UNIT TO LEFT =49F
REFRIGERATION UNIT TO RIGHT =33F

LARGE BIRD ENCLOSURE
FLOURESCENT BULBS NOT PROTECTED FROM BREAKAGE

PARAKEETS
NO VIOLATION

PARROT/BIRD FOOD DATES RANDOMLY CHECKED AND ARE SATISFACTORY

WAREHOUSE
PRODUCT TO BE MOVED AWAY FROM WALL

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

WHITE INSPECTION STRIP NOT VISIBLE

DOG FOOD AREA

NATURAL BALANCE 13 OZ CAN VENISON/TURKEY/LAMB SELL BY DATE 10/29/18 REMOVED - DENTED

NATURE VARIETY INSTINCT RAW FREEZER AIR TEMP 5F INDICATOR -9F
FRESH PET VITAL REACH IN REFRIGERATOR AIR 46F INDICATOR 41F

NUTRO CHEWY TREATS 4OZ BAGS (6) REMOVED OUTDATED 7/21/16

ISOLATION ROOM

BIRD CAGE EMPTY BUT HAS FOOD IN FOOD CUP

ONLY ITEMS FOR ISOLATION ROOM SHALL BE STORED IN ISOLATION ROOM REMOVE BOXES ETC.....

COVERED BASING ON LEFT SIDE BY CLUMP AND SEAL CAT LITTER LOOSE (AS YOU ENTER ROOM)

REMOVED ITEMS OUTDATED

TROPIC CLEAN FRESH BREATH PLUS 12OZ BAG 6/2/16

TROPIC CLEAN FRESH BREATH PLUS 12OZ BAG NO SELL BY DATE

TROPIC CLEAN FRESH BREATH PLUS 12OZ BAG 6/5/16

TROPIC CLEAN FRESH BREATH PLUS 12OZ BAG 6/4/16

DOG COOKIE CAROB CHECKERBOARD COOKIE 12 OZ EXPIRED 7/20/16

PLACARDS AT FRONT ENTRY OBSTRUCTED BY DOG ID TAG MACHINE

REINSPECTION 8/9/16 FOR REFRIGERATION; COMPLAINT WITHIN 2 WEEKS FOR ALL REMAINING ISSUES

SMALL ANIMAL/BIRD LOG NOT KEPT PER PREVIOUS MANAGER ALEX SAID NOT REQUIRED

BIRD SOUNDS NEEDS ITOWN FOLDER BY MONTH OR COMPOSITION STYLE NOTEBOOK WILL RECHECK ON 8/9/16

GENERAL STORE - VENTILATION UNITS REQUIRE CLEANING - DUSTY

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SANITARY INSPECTION REPORT

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COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/25/2017	10:30	11:10
		8/25/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.	DATE	
LESTER H. JONES	B-1697	12/22/2021	

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 8/25/2017

Remarks

FOYER
NO VIOLATIONS

GENERAL STORE
NOTE: CEILING LIGHTS DIMMED TO CONSERVE ENERGY UNTIL 10:30 AM
VENTILATION RETURNS DIRTY 1.3A

THE TREATERY PET SNACK BAR
TREATS NOT PROTECTED FROM CONTAMINATION 1.7D

NOTE: FISH AREA AND SICK ROOM PARTITIONED OFF; UNDER CONSTRUCTION - INFORMED
CODE ENFORCEMENT FOR PERMIT REQUIREMENTS

REST ROOMS
NO VIOLATIONS

MINUS FORTY FREEZER - FROZEN FISH FOOD
AIR TEMPERATURE -6F

REFRIGERATOR UNITS BY REPTILES
LEFT AIR TEMP = 50F 1.3A
RIGHT FREEZER = +4F
MUST HAVE AIR TEMPERATURE OF 35 TO HOLD FOOD AT 41

SIDE OF SHELF BROKEN AT OX BOW HAY BLEND 1.3A

INSTINCT RAW MINUS 40 REACH IN
-1F

VITAL REACH IN FRESH PET
AIR TEMP 41F

QUARANTINE ROOM
CURRENTLY USED AS SICK ANIMAL ROOM DUE TO FACT THAT OTHER ROOM OFF FISH AREA IS
UNDER CONSTRUCTION; OVERSTOCKED WELL FERRETS AND 1 WELL CONURE ALSO IN THIS
ROOM MUST BE REMOVED FROM THIS ROOM IMMEDIATELY; LIGHT WAS INITIALLY OFF WHEN I
INSPECTED 1.9F

UNUSED PET ADOPTION AREA

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

CUBBIES TO BE REMOVED - NO LONGER IN USE 1.3A

WAREHOUSE

DOOR OPENED TO EXTERIOR - NO DELIVERY WORKERS USING THAT DOOR TO GO IN AND OUT
(RENOVATORS) MUST BE KEPT CLOSED 1.3F

PRODUCT PUSHED OVER WHITE INSPECTION STRIP 1.3F

ACCUMULATED DEBRIS IN AND AROUND DUMPSTER AREA 1.3F

PRODUCT STORED DIRECTLY ON THE FLOOR 1.3F

INSIDE PARAKEET ENVIRONMENT

BASE OF PERCH HAS CHIPPING PAINT 1.8D

NOTE: FOOD DATES RANDOMLY CHECKED NO VIOLATIONS

VERIFIED SOLD ANIMALS - IN JULY STORED BY MONTH IN AN ORDERLY FASHION; DEP
PERMITS ATTACHED; FORMS COMPLETELY FILLED OUT

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

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COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
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ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 9/2018	14:00	15:00
		8/ 9/2018		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 8/ 9/2018

Remarks

EXTERIOR
DUMPSTER OVERFLOWING

ENTRANCE
1 LIGHT NOT OPERABLE

STORE
1 CEILING LIGHT NOT OPERABLE
VENTILATION RETURNS DUSTY

MOVE LICENSE BOARD FROM OFFICE
APPLY FOR PET GROOMING LICENSE

COMPOSITION NOTEBOOK FOR SOLD BIRDS

LADIES ROOM
AIR FRESHNER OFF WALL AND ON FLOOR

MENS ROOM
PLASTIC BOTTLE OF LIQUID NOT LABELED

SMALL ANIMAL HABITATS THROUGHT SATISFACTORY

FISH AREA
MINUS FORTY REACH IN FREEZER AIR -13F
1 LIGHT NOT OPERABLE
REFRIGERATOR +44F
FREEZER FOR DEAD -3F

SUMMIT FRIDGE BY WORMS +28F

PARAKEET ENCLOSURE
LIGHTS ABOVE BIRDS NOT PLASTIC COATED

1 LAPEBERS 5# BUCKET MACAW & COCKATOO OUTDATED 7/18/18

MINUS FORTY +1F INSTINCT
FRESH PET REACH IN +34F
INTERIOR LIGHT NOT OPERABLE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

BACK QUARANTINE ROOM
LIGHT NEEDS COVER
1 CAGE SET UP TO ACCEPT DISEASED BIRD

WAREHOUSE
4 LIGHTS NOT OPERABLE
PRODUCT AGAINST EXTERIOR WALL OVER WHITE INSPECTION STRIP
WHITE INSPECTION STRIP VERY DUSTY/DIRTY

GENERAL STORE
SHELVING DUSTY

FIRE DOOR
DIRTY
SEAL SO YOU SEE NO LIGHT

THE TREATERY SELF SERVE
SOME TREATS LACK SCOOPS
SOME SCOOPS STORED IN FOOD

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



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INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP	GOODS	COMPLIANCE CHECK		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/11/2018	13:45	14:00
		10/11/2018		

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 10/11/2018

Remarks

EXTERIOR REMOVE WEEDS BROKEN PALLETS CARTS DEBRIS

THE TREATERY
SCOOPS DIRTY

WAREHOUSE

REPAINT WHITE INSPECTION STRIP

MOVE PLASTIC CONTAINERS BACK FROM EXTERIOR WALL

6 LIGHTS NOT OPERABLE

MOVE GROOMING INSPECTION PLACARD AND LICENSE FROM MAIN FRAME IN STORE AND PUT
IN GROOMING

POST CONTRACTED VET INFORMATION

FOYER ENTRY 1 LIGHT NOT OPERABLE

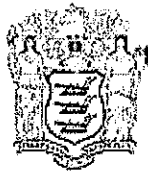
PARAKEET ENCLOSURE LIGHT ABOVE NOT PROTECTED FROM BREAKAGE

REINSPECTION 2 WEEKS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO ANIMAL SU PETCO ANMAL SUPPLI		ESTABLISHMENT TRADE NAME PETCO #283	
NUMBER AND STREE 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/23/2019	13:40	14:40
		9/23/2019		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494	SIGNATURE		
NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021	

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 9/23/2019

Remarks

EXTERIOR DUMPSTER
DOORS OPEN
DEBRIS STORED DIRECTLY ON GROUND

LADIES ROOM
PAPER TOWELS NOT IN HOLDER

2 DRINK FOUNTAINS
NO VIOLATIONS

MENS ROOM
NO VIOLATIONS

REMOVE PETCO NUTRITION CENTER FROM HALLWAY IN BATHROOM AREA - BLOCKING
HALLWAY (CORRECTED DURING INSPECTION)

SMALL ANIMALS
TWO ENVIRONMENTS DIRTY AND EMPTY; TO BE CLEANED

AQUATIC AREA
MINUS FORTY FREEZER AIR TEMP = -25F
INDICATOR = -11F

TANKS
NO VIOLATIONS

BACK ROOM
OPENED TO GENERAL PUBLIC
PUT SIGN AUTHORIZED PERSONNEL ONLY AND KEEP LOCKED
MOP BUCKET HAS DIRTY WATER
UNDERCOUNTER KENMORE REFRIGERATOR = 48F MUST BE 35F OR LESS

FISH FOOD/PRODUCT NO VIOLATIONS

REFRIGERATOR WITH LIVE WORMS =27F

BIRD AREA
1 CEILING BALLASTE (2 LIGHTS) NOT OPERABLE
CLEAN FLOOR UNDER CONURE CAGES

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

CHANGE 3 BULBS ABOVE PARAKEETS NOT PROTECTED AGAINST BREAKAGE

WAREHOUSE

DOOR OPEN KEEP CLOSED TO PREVENT UNAUTHROIZED PEOPLE FROM COMING INTO
WAREHOUSE

FIRE DOOR BLOCKED BY GARBAGE AND GARBAGE CANS

SHELVING ON LEFT SIDE BLOCKED OVER WHITE INSPECTION STRIP

4 CEILING LIGHTS (2 BALLASTS) NOT OPERABLE

NATURAL INSTINCT FREEZER = -7F

EXTERIOR OF UNIT DIRTY

FRESH PET AIR TEMP =33F BY BLUE WILDERNESS

PRODUCT DATES SATISFACTORY

FRESH PET AIR TEMP =37F BY OLD MOTHER HUBBARD

PRODUCT DATES SATISFACTORY

FOOD DATES CAT AND DOG AS WELL AS MEDICATION AND TREATS SELECTED AT RANDOM
SATISFACTORY

QUARANTINE ROOM (OFF TRAINING AREA)

NOT SET UP FOR QUARANTINE USED AS A STORAGE AREA

FIRE CODE INSPECTION EXPIRED 3/22/19

NEW JERSEY PET SHOP LICENSE PS2019090 EXPIRES 12/31/19

VERIFIED SOLDS AND A WAY TO TRACK BIRDS

POST THE VETERINARIANS USED ON BOARD BY REGISTERS

SAYREBROOK & NORTH PLAINFIELD VETERINARIANS, ADDRESS, TELEPHONE NUMBER

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INSPECTION

TYPE OF ESTABLISHMEN PET SHOP	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/21/2020	09:44	09:44
		8/21/2020		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date: 8/21/2020

Remarks

VERIFIED STATE LICENSE VALID
VERIFIED VET USED PLAINFIELD ANIMAL HOSPITAL AND SAYREBROOK VET HOSPITAL

FISH AREA
MINUS FORTY -21F

WHITE REACH IN REFRIGERATOR WITH WORMS 43F

INSTINCT MINUS FORTY UNIT ON BUT 85F PER MANAGER WAITING FOR REPLACEMENT -
REMOVE OR REPLACE IMMEDIATELY

FRESH PET VITAL 38F (WITH SLICE AND SERVE)
FRESH PET VITAL GRAIN FREE 38F

MUST APPLY FOR PET GROOMING LICENSE EVEN IF DONE 1 TIME PER YEAR

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INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET SHOP		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		4/29/2021	13:30	15:20
		4/29/2021		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 4/30/2021

Remarks

VIOLATIONS OF NJAC 8:23A

EXTERIOR

DUMPSTER AREA IS A MESS; TRASH DEBRIS ALL OVER TOOK PHOTO 1.3F

VESTIBULE

DOOR BY REGISTERS DOES NOT SLIDE OPEN/CLOSED 1.3A

LADIES ROOM

NO VIOLATIONS

MENS ROOM

HOT WATER FAUCET SPINS DOES NOT OPERATE PROPERLY 1.3A

SINK VANITY CAVING IN ON LEFT SIDE 1.3A

FERRET ENCLOSURE

EMPTY OF PETS BUT DIRTY WITH FECES/FLIES PRESENT 1.8A

HAMPSTER ENCLOSURES OF FEMALE LONG HAIR AND CHINESE FEMALE DWARF EMPTY BUT DIRTY WITH FECES 1.8A

FEMALE GERBIL ENCLOSURE - BEDDING PUSHED UP AGAINST WATER AND FOOD ANIMAL UNABLE TO CONTACT 1.7A; 1.7H

FEMALE MOUSE ENCLOSURE YELLOW TOY ENCRUSTED WITH FECES 1.8A

FISH AREA

MINUS FORTY REACH IN FREEZER AIR TEMP -12F; INDICATOR -11F

EXTERIOR GRILL BELOW DOOR DIRTY 1.3A

WELLNESS ROOM (FISH AREA)

REQUIRES THOROUGH CLEANING AND ORGANIZATION 1.3A

VENTILATION RETURN DIRTY 1.3A

REPTILE SECTION

FRIGIDAIRE REACH IN REFRIGERATOR NEXT TO ZILLA DESERT KIT

AIR +43F; INDICATOR +41F

BIRD AREA

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

NO VIOLATIONS

WAREHOUSE

INSUFFICIENT LIGHTING THROUGHOUT EXCEPT FOR BREAK ROOM 1.3A
WHITE INSPECTION STRIP DIRTY WITH PRODUCT PULLED ONTO STRIP 1.3A
HAPHAZARD STORAGE OF PRODUCT 1.3A

DOG FOOD AREA

MINUS FORTY REACH IN FREEZER
AIR = -14F; INDICATOR = 13F

FRESH PET VITAL REAL FOOD MINUS FORTY BRAND

AIR TEMP = 64F; INDICATOR 64F 1.3A
TESTED HOMESTYLE CREATIONS FRESH PET 160Z CHICKEN PATE PRODUCT IS +64F
THE FOLLOWING ITEMS WERE IN THE UNIT AND WERE WARM TO TOUCH AND ORDERED TO BE
REMOVED AND NOT SOLD

(4) HOMESTYLE CREATIONS FRESH PET 80Z CHICKEN PATTIES

SELL BY 7/2/21

(3) VITAL GRAIN FREE PATE POULTRY 1LB SELL BY 9/1/21

(3) CHICKEN & BEEF PATE 160Z SELL BY 9/16/21

(2) VITAL MULTI-PROTIEN PATE 160Z SELL BY 9/16/21

(6) VITAL CAT CHICKEN RECEIPE 160Z SELL BY 8/10/21

(3) VITAL GRAIN FREE CHICKEN/BEEF/SALMON 1.75 LB

SELL BY 9/19/21

(5) FRESH PET DOG CHICKEN SOFT CHUNKS 1.75 LB

SELL BY 9/4/21

(3) DELI FRESH DOG CHICKEN TREATS 80Z

SELL BY 9/7/21

DO NOT USE REPAIRS/REPLACED UNIT UNTIL AIR TEMPERATURE IS APPROVED BY THE
HEALTH DEPARTMENT PRIOR TO PUTTING ANY FOOD PRODUCT IN UNIT

ALWAYS FRESH (ON TOP OF UNIT) FOR IDENTIFICATION PURPOSES TO THE RIGHT OF ALWAYS
FRESH UNIT THAT IS 64F

AIR TEMP +37F; INDICATOR = +37F

VERIFIED ISOLATION ROOM READY TO ACCEPT ANY BIRDS IF NECESSARY

GENERAL

SOME CEILING BALLAST LIGHTS INOPERATBLE
VENTILATION RETURNS DIRTY TO SIGHT AND TOUCH

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

RANDOM CHECK OF TREATS; BIRD FOOD; DOG FOOD; CAT FOOD SATISFACTORY

VERIFIED SOLD BIRDS FOR COMMUNICABLE DISEASE TRACKING

VERIFIED ATTENDING VET AND NJSDOH PET SHOP LICENSE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN PET SHOP	ESTABLISHMENT CODE	TYPE OF INSPECTION REINSPECTION		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		6/17/2021	11:30	11:57

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print0 EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 6/17/2021

Remarks

VIOLATIONS OF NJAC 8:23A

EXTERIOR DUMPSTER AREA

DUMPSTERS OVERFLOWING; ENCLOSURE LEFT SIDE IN DISREPAIR 1.3A

MENS ROOM

LEFT SIDE FAUCET STILL JUST SPINS 1.3A

STORE

UNUSED HABITAT BY ENTRY DOOR EMPTY AND UNCLEAN 1.8A

FRONT

EXIT DOOR AREA ON SIDE BY REGISTERS - BULLETIN BOARD WITH REQUIRED DOCUMENTS; IE
REPORTS, FIRE INSPECTION CERTIFICATE, PLACARDS, LICENSES ON THE GROUND 1.3A

WAREHOUSE

ADEQUATE LIGHTING RESTORED

HAPHAZARD STORAGE OF MERCHANDISE ETC.... 1.3A

PRODUCT PUSHED BEYOND WHITE INSPECTION STRIP 1.3A

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ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 858-909-2609

INSPECTION

TYPE OF ESTABLISHMEN PET SHOP	ESTABLISHMENT CODE	TYPE OF INSPECTION COMPLIANCE CHECK		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/10/2021	10:15	12:00
		8/10/2021		

EVALUATION

NO RATING

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO #283

Date : 8/10/2021

Remarks

D VIOLATIONS OF NJAC 8:23A

EXTERIOR DUMPSTER AREA

NO BOXES ON THE GROUND BUT CARDBOARD BOXES NOT BROKEN DOWN IN DUMPSTER
AREA 1.3A

WAREHOUSE AREA

PRODUCT STILL PUSHED BEYOND WHITE INSPECTION STRIP 1.3A

WEATHERSTRIPPING ON DOOR TO REAR EXTERIOR EXIT DOOR BROKEN YOU CAN SEE LIGHT
COMING THROUGH THE BOTTOM OF THE DOOR TO ALLOW POSSIBLE VERMIN ENTRY INTO
ESTABLISHMENT 1.3A

HAPHAZARD STORAGE OF PRODUCT THROUGHOUT WAREHOUSE 1.3A

1 LIGHT NOT OPERABLE OVER REGISTER 3 NOT OPERABLE 1.3A

1 LIGHT OVER PRODUCT(DOG FOOD) NOT OPERABLE 1.3A

NEW EMPTY TRUE FREEZER

AIR TEMP = -8F

INDICATOR = -7F

NEW EMPTY TRUE FREEZER (SIDE FACING DOG FOOD)

AIR TEMP = 18F

INDICATOR THERMOMETER STORED IN THE COLDEST PART OF THE UNIT DIRECTLY UNDER
FAN INSIDE; MOVE TO THE WARMEST PART OF THE UNIT FOR TRUE AIR TEMP

NEW EMPTY FREEZER ALREADY SHOWING SIGNS OF ICE ACCUMULATON ON DOORS INSIDE
1.3A

INSTINCTS MINUS FORTY FREEZER

AIR = -6F

INDICATOR = -2F

DOORS EXTERIOR HAS CONDENSATION 1.3A

INTERIOR DOORS HAVE MOLD LIKE SUBSTANCE AND ICE ACCUMULATION 1.3A

FISH AREA

MINUS FORTY BRAND FREEZER

AIR TEMP = -10F

INDICATOR = -12F

REPTILE AREA

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

FRIGIDAIRE BRAND REACH IN REFRIGERATOR

AIR = 40F

INDICATOR = 47F (PLEASE CHECK)

TRUE FREEZER SAME AREA

AIR = -4F

INDICATOR = -4F

QUARANTINE (BIRD) ROOM ISOLATION AREA

ONE COCKATIEL BEING HOUSED IN ROOM CAGE HAS NO IDENTIFICATION 1.3A

UNUSED CAGE TO LEFT OF BIRD UNCLEAN 1.8B

MOP STORED IN DIRTY MOP WATER 1.3A

HAPHAZARD STORAGE OF ITEMS IN THIS ROOM STORED DIRECTLY ON THE FLOOR 1.3A

GENERAL REMOVED SEVERAL CANS OF DENTED CAT FOOD

TOWNSHIP FIRE CODE EXPIRED 3/22/19

NEED TO POST ATTENDING VETERINARIAN ON BOARD BY REGISTERS. 1.2D

ANIMALS IN ENCLOSURES CHECKED SATISFACTORY

RANDOM CHECK OF FOOD PRODUCT SATISFACTORY EXCEPT THOSE NOTED ABOVE

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SANITARY INSPECTION REPORT

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ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/22/2015	14:00	14:15
		9/22/2015		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 9/22/2015

Remarks

VENTILATION RETURNS DUSTY WITH PET HAIR
EXTERIOR HANDRAIL CHIPPED AND RUSTING PAINT

SWING DOOR TO REAR HAS CHIPPING PAINT ON TOP OF SWING DOOR

VERIFIED CLIENT CARE CARD RABIES BEING GROOMED

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INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 3/2016	14:43	15:05
		8/ 3/2016		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 8/ 3/2016

Remarks

REPAINT CHIPPED SWING DOOR

PLACARD AND LICENSE NEED TO BE POSTED SEPARATELY SO THEY CAN BE SEEN

VET/CLINIC MNH ABBREVIATED OR NO TELEPHONE NUMBER LISTED FOR VET IN CLIENT CARE
COMPUTER SCREEN

MUST FILL OUT VET INFO AND TELEPHONE NUMBER FULLY IN CASE OF ANIMAL BITE

BATHING AREA
NEED LARGER AIR GAP UNDER SINKS TO PREVENT POSSIBLE BACK SIPHONAGE

BY BLACK SHELF - CHEMICALS STORED DIRECTLY ON THE GROUND DOES NOT ALLOW EASE
OF CLEANING OF FLOOR

CARDBOARD BOX OF RECEIPTS BAGS STORED ON FLOOR DOES NOT PERMIT EASE OF
CLEANING OF FLOOR

VENTILATION RETURNS DUSTY

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INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/24/2017	11:25	11:35
		8/24/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

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CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date: 8/24/2017

Remarks

PLACARD & LICENSE TUCKED BEHIND IN A CORNER - MUST BE CONSPICUOUSLY POSTED BY REGISTER - NOT BY EXIT DOOR 1.2B

VENTILATION RETURNS DUSTY - 1.3A

3 DOGS CURRENTLY BEING GROOMED - VERIFIED RABIES

REAR WASH ROOM

CEILING IN DISREPAIR - 1.3A

METAL DOOR FRAME CHIPPED PAINT 1.3A

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO PETCO		ESTABLISHMENT TRADE NAME PETCO	
NUMBER AND STREET 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 9/2018	11:21	11:21
		8/ 9/2018		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print)	NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR	TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES	B-1697	12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 8/ 9/2018

Remarks

SANITARY INSPECTION PLACARD NOT POSTED
LICENSE EXPIRED 6/30/18 PROVIDED MANAGER WITH LICENSE APPLICATION APPLY IN 5 DAYS
VERIFIED RABIES RECORD

STORE NO VIOLATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO PETCO		ESTABLISHMENT TRADE NAME PETCO	
NUMBER AND STREE 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/27/2019	14:30	14:45

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print0 EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 9/27/2019

Remarks

VERIFIED CLIENT RABIES RECORDS IN THE COMPUTER; 2 DOGS BEING GROOMED

BACK WASH AREA

R BASIN BELOW SINK BRACE NOT SECURED TO FLOOR

DRAIN INSIDE TUB SEVERELY RUSTED

STORAGE RACK BETWEEN TUBS NOT FOR USE IN COMMERCIAL FACILITY

SHELF BLACK NOT FOR USE IN COMMERCIAL FACILITY

DOORWAY BETWEEN WASH ROOM AND WASHER/DRYER

RUSTED AND CHIPPING PAINT

FLOOR DRAIN AT KENNELS CLOGGED WITH FUR

AT LEFT FAR END OF KENNELS ACCUMULATED EXTRA CAGE PARTS STORED DIRECTLY ON
THE FLOOR

INSPECTION PLACARD AND LICENSE NOT POSTED FROM PREVIOUS INSPECTION

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO PETCO		ESTABLISHMENT TRADE NAME PETCO	
NUMBER AND STREET 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		4/29/2021	15:00	15:15

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 4/29/2021

Remarks

PETCO GROOMING LICENSE EXPIRED 6/30/2020 TO BE RENEWED; OPERATED APPROX 10/2020 TO PRESENT BECAUSE OF BEING CLOSED BY THE PANDEMIC

REAR WASH ROOM
SHELVING HAS ACCUMUATED ANIMAL HAIR
DOOR FRAME TO NEXT ROOM CHIPPED

CEILING VENT OVER WASHER/DRYER VERY DIRTY WITH ACCUMULATED DUST

REMOVE LARGE BLACK DOG CRATE FRAME AND NOT TO HOUSE AN ANIMAL DUE TO FLOOR OF UNIT WILL NOT PROTECT ANIMALS FEET NJAC 8:23A SECT 1.6A
REMOVE GREY PLASTIC CRATE TO LEFT OF BLACK CRATE LOCATED DIRECTLY UNDER AND TOUCHING ELECTRICAL PANAL NJAC 8:23A SECT 1.6A
REPAIR UNUSABLE/BROKEN LOWER LEFT LARGE KENNEL PER EMPLOYEE BROKEN BY LARGE GERMAN SHEPERD DOG

ELIMINATE ALL DEBRIS IN THIS AREA NJAC 8:23A 1.3A

VERIFIED EMPLOYEES ABILITY TO VERIFY RABIES EXPIRATION DATES FOR INCOMING DOGS

CURRENTLY 2 DOGS BEING GROOMED DURING MY INSPECTION

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO PETCO		ESTABLISHMENT TRADE NAME PETCO	
NUMBER AND STREE 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMEN PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION REINSPECTION		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		6/17/2021	11:45	11:57
		6/17/2021		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 6/17/2021

Remarks

FRONT AREA
NO VIOLATIONS

REAR
ONE DOG IN CRATE STORED DIRECTLY ON FLOOR
2 UNUSED CRATES STORED UNDER ELECTRICAL PANEL; DISINFECTANT ALSO STORED ON
TOP OF UNUSED CRATE
REAR RIGHT OF DOG IN CRATE; HAPHAZARD STORAGE OF EQUIPMENT

LARGER KENNELS SHALL BE REPAIRED TO ACCOMODATE LARGER CLIENTS

DOOR FRAME TO WASH AREA CHIPPED
PIPE TO LEFT OF WASHING MACHINE DUCT TAPED AND LEAKING
VENTILATION RETURN OVER WASHER/DRYER HAS ACCUMULATED DUST/FUR

NOTE: ASSOCIATE LEFT SALON EMPTY WITH DOG IN REAR AREA UNATTENDED AND WENT
INTO THE MAIN STORE AREA

CONDITIONAL SATISFACTORY ISSUED RE-INSPECTION IN TWO (2) WEEKS.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETCO PETCO		ESTABLISHMENT TRADE NAME PETCO	
NUMBER AND STREET 654 RICHLAND HILLS DRIVE		NUMBER AND STREET 1029 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY SAN ANTONIO	STATE TX	COUNTY	TELEPHONE NO 732-516-0330
ZIP CODE 78245	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-516-0332

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	REINSPECTION		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/10/2021	10:00	10:15
		8/10/2021		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.	DATE	
LESTER H. JONES	B-1697	12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 8/10/2021

Remarks

BELOW ARE VIOLATIONS OF NJAC 8:23A

FLOOR TILE FRONT AREA BROKEN 1.3A

BACK AREA

REMOVE OR ELEVATE EXTRA PIECES OF KENNEL MATERIAL 1.3A

VENTILATION RETURN ABOVE WASHER DRYER HAS FUR/DUST ACCUMULATION 1.3A

SATISFACTORY RESTORED AT THIS TIME

NO ANIMALS BEING GROOMED

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
NUMBER AND STREET 8 STILES ROAD		NUMBER AND STREET 501 OLD POST ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-287-8400
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		12/22/2015	11:00	11:15
		12/22/2015		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR CAMILLE SPEARNOCK	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		TITLE REHS	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: ANNIE'S PET GROOMING

Date : 12/22/2015

Remarks

BATHROOM
NO VIOLATIONS

VERIFIED NEW GROOMING TUB
FLOOR TILE DISREPAIR FROM WASH ROOM

GROOMING SWING DOOR AND DOOR FRAME CHIPPED

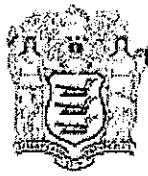
HOLIDNG CAGES CHIPPED PAINT

1 PET BEING GROOMED VERIFIED RABIES EXPIRATION

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
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COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-287-8400
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/ 4/2016	13:35	13:50
		8/ 4/2016		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: ANNIE'S PET GROOMING

Date : 8/ 4/2016

Remarks

PAINT SWING DOORS AND DOOR FRAME

VERIFIED CLIENT CARE CARDS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
NUMBER AND STREET 8 STILES ROAD		NUMBER AND STREET 501 OLD POST ROAD	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-287-8400
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/27/2017	13:30	13:45
		9/27/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: ANNIE'S PET GROOMING

Date : 9/27/2017

Remarks

GROOMING TABLE TOP UNCLEANABLE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
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COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-287-8400
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/26/2018	14:00	14:10
		10/26/2018		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.	DATE	
LESTER H. JONES	B-1697	12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: ANNIE'S PET GROOMING

Date : 10/26/2018

Remarks

10/26/18 NO PETS BEING GROOMED AT THIS TIME

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment information.)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
NUMBER AND STREET 8 STILES ROAD		NUMBER AND STREET 501 OLD POST ROAD	
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MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-287-8400
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING		FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/21/2020	09:25	09:25
		8/21/2020		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: ANNIE'S PET GROOMING

Date : 8/21/2020

Remarks

VERIFIED RABIES INNOCULATION FOR PET BEING GROOMED

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/ 9/2015	11:14	11:26
		9/ 9/2015		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR			
TELEPHONE NUMBER (732)-248-7273		TITLE	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 9/ 9/2015

Remarks

SEPARATE FRAME NEEDED FOR PLACARD AND LICENSE

VERIFIED CLIENT CARE CARD WITH RABIES INFORMATION

NO VIOLATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information

(Complete this section only if different from establishment informatio.

ESTABLISHMENT INFORMATION

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
PETSMART INC PETSMART INC

ESTABLISHMENT TRADE NAME
PETSMART, INC. #2326

NUMBER AND STREET
19601 N 27TH AVE

NUMBER AND STREET
2224 ROUTE 27

COUNTY

MUNICIPALITY
EDISON

ZIP CODE
08817

MUNICIPALITY
PHOENIX

STATE
AZ

COUNTY

TELEPHONE NO
732-476-1522

ZIP CODE
85027

CO/MUN. CODE

ESTABLISHMENT STATE
LICENSE NO. (If Appl)

FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

TYPE OF INSPECTION

PET GROOMING

FULL

GOODS

TIME - (2400 HOURS)

DATE

BEGIN

END

9/ 8/2016

14:30

14:45

9/ 8/2016

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print)

**EDISON DEPARTMENT OF HEALTH
100 MUNICIPAL BLVD.
EDISON, NJ 08817
JAY P. ELLIOT, DIRECTOR**

NAME OF INSPECTOR

CAMILLE SPEARNOCK

TITLE

REHS

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

SIGNATURE

NAME OF HEALTH OFFICER

LESTER H. JONES

INSPECTOR'S PERM. REG. NO.

B-1697

DATE

12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 9/ 8/2016

Remarks

SHIH TZU BEING GROOMED DURING INSPECTION
INTAKE SHEET DOES NOT INDICATE WHO VETERINARIAN IS
VETERINARIAN MUST ACCOMPANY INTAKE SHEET

BACK AREA
1 CEILING LIGHT NOT OPERABLE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/10/2017	14:15	14:30
		8/10/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 8/10/2017

Remarks

8:23A

GROOMING AREA REAR ROOM WITH SINKS
CONCRETE FLOOR LACKS NON-ABSORBANCY
UNDER BOTH SINKS PIPES TOO FAR FROM DRAIN - ALLOWING WATER TO SPLASH ONTO
FLOOR 1.3A

BLACK MATS TO BE REPLACED - DETERIORATING 1.3A
PARTIAL BOARD SHELF FOR CLEANED TOWELS NOT APPROVED 1.4F

HOLDING AREA

2 DOGS PRESENT - VERIFIED RABIES OK

1 CEILING LIGHT NOT OPERABLE 1.4D

2 CEILING PANELS PUSHED UP 1.4E

ACCUMULATION OF FUR UNDER CAGE AND BY CORNER BLACK POLE 1.4E

FRONT

BROOM HANDLE BROKEN 1.3A

FLOOR WORN BY REGISTERS 1.4F

GENERAL FLOOR IN GROOMING SALON TO BE RESEALED IN 90 DAYS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/11/2018	11:30	11:45
		9/11/2018		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES	INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021	

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 9/11/2018

Remarks

MAKE SURE VETERINARIAN INFORMATION IS INPUT - VET NAMES NOT LOADING
SEAL CRACKS AND FLOOR/WALL JUNCTURES

GROOMING TUBS
BLACK MATS TO BE REPLACED - CRACKING
FLOOR HAS ACCUMULATED FUR
GROOMING TUBS HAVE RESIDUAL FUR
TO BE CLEANED AFTER EACH USE

PARTICLE BOARD STILL USED FOR TOWELS NOTED NOT APPROVED ON LAST INSPECTION
REPORT

FLOOR TO BE SEALED FRONT AND BACK

30 DAYS TO UPDATE COMPUTER DATA ENTRY FOR VETERINARIANS, RESEAL FLOOR AND
UPGRADE SHELVING

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/24/2019	14:00	14:15
		9/24/2019		

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 9/24/2019

Remarks

FRONT
FLOOR AT WORKSTATIONS REQUIRES TO BE RESEALED AND FILLED WHERE GAPPED

INSPECTION PLACARD AND LICENSE NOT EASILY VIEWABLE INSIDE A SLEEVE - EACH
REQUIRES ITS OWN

REAR
NO VIOLATIONS

TWO ANIMALS BEING GROOMED VERIFIED RABIES VACCINATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING		FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		8/21/2020	09:38	09:38

EVALUATION

APPROVED

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date : 8/21/2020

Remarks

VERIFIED RABIES FOR CLIENT TO GO TO SALON TODAY
VERIFIED PROCEDURES FOR SOCIAL DISTANCING

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PETSMART INC PETSMART INC		ESTABLISHMENT TRADE NAME PETSMART, INC. #2326	
NUMBER AND STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY PHOENIX	STATE AZ	COUNTY	TELEPHONE NO 732-476-1522
ZIP CODE 85027	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-287-1983

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		5/12/2021	14:24	14:24
		5/12/2021		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326

Date: 5/12/2021

Remarks

EVALUATION PLACARD OBSCURED BY PET GROOMING TOWNSHIP LICENSE
VERIFIED HOW ASSOCIATE CHECKS AND VERIFIED RAIBES INNOCULATION DATES
COVID COMPLIANT POSTED SIGNS AND PARTITIONS

WASH AREA
HOSE LEAKING

HOLDING CAGES
NO ANIMALS IN HOLDING CAGES AT TIME OF INSPECTION
ALL IN GOOD REPAIR AND CLEAN

VENTILATION RETURNS DIRTY
SOME VENTILATION RETURNS RUSTING

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PAMELA LUZACK		ESTABLISHMENT TRADE NAME SHEP'S PET GROOMING SALON	
NUMBER AND STREET 10 PRESTON STREET		NUMBER AND STREET 1849 ROUTE 27	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 732-572-1116
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO. 732-742-4162

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TYPE OF INSPECTION		
PET GROOMING	GOODS	FULL		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/27/2013	14:15	14:30
		9/27/2013		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR	
EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR			
TELEPHONE NUMBER (732)-248-7273		TITLE	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: SHEP'S PET GROOMING SALON

Date : 9/27/2013

Remarks

VERIFIED CLIENT CARE CARDS

REST ROOM

TOILET HANDLE DOES NOT OPERATE PROPERLY - OWNER INDICATES WILL BE FIXED TODAY

3 DOGS BEING IN KENNELS; 1 DOG BEING GROOMED AT TIME OF INSPECTION

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT DUYI LI		ESTABLISHMENT TRADE NAME PETOLOGY	
NUMBER AND STREE 1919 WOODBRIDGE AVE		NUMBER AND STREET 1919 WOODBRIDGE AVENUE	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY EDISON	STATE NJ	COUNTY	TELEPHONE NO 626-665-8439
ZIP CODE 08817	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMEN PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION INITIAL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		3/30/2021	13:30	13:45
		3/30/2021	19:16	19:16

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
TELEPHONE NUMBER (732)-248-7273		TITLE REHS	
FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETOLOGY

Date : 3/30/2021

Remarks

UPGRADE SHELVING TO NSF APPROVED IN BASEMENT
UPGRADE SINK TO NSF APPROVED MAIN FLOOR
OWNER NOT WEARING PROPER FACE COVERING COURT SUMMONS 33552 ISSUED COURT
PENDING
NO PROOF OF DOG BEING GROOMED IS VACCINATED
PET SHOP LICENSE REQUIRED FOR SELLING FOOD
NO COVID-19 PRECAUTION SIGN ON DOOR
OWNER WAITING FOR DOG BEING GROOMED - NO PHYSICAL BARRIER

NEED A SYSTEM TO KEEP TRACK OF CLIENTS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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CAMILLE SPEARNOCK



SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information (Complete this section only if different from establishment informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH JR. AZZOLINA		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREET 853 HIGHWAY 35		NUMBER AND STREET 775 ROUTE 1	
COUNTY		MUNICIPALITY EDISON	ZIP CODE 08817
MUNICIPALITY MIDDLETOWN	STATE NJ	COUNTY	TELEPHONE NO 732-662-3264
ZIP CODE 07748	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl)	FAX NO.

INSPECTION

TYPE OF ESTABLISHMENT PET GROOMING	ESTABLISHMENT CODE	TYPE OF INSPECTION FULL		
	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		9/7/2017	13:30	14:20
		9/7/2017	19:16	19:16

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR CAMILLE SPEARNOCK	
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FAX NUMBER (732)-248-0494		SIGNATURE	
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1697	DATE 12/22/2021

SIGNATURE OF INDIVIDUAL RECEIVING FORM



CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PET SUPPLIES PLUS

Date: 9/7/2017

Remarks

PET WASHING BY PUBLIC MUST BE SANITIZED WITH 2X STRENGTH BLEACH AND WATER
SOLUTION BETWEEN CLIENTS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK