E

Bloomer-Dragotta, Diane

From: Opra4Animals <opra+request-28309-ce671eba@requests.opramachine.com>
Sent: Monday, December 20, 2021 11:08 AM
To: OPRA
Subject: OPRA request - Kennel Licensed Facilities

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:
List of all Kennel licenses (shelters, pounds, pet stores, Doggie Day Care, Grooming salons, boarding facilities, kennels)issued from 2015 to present All health inspections with photos for each facility from 2015 to present All Floor plans for each facility All emails to and from from Health Dept with keywords kennel, shelter, isolation, Quarantine pneumonia, parvo, impervious,SPCA, Kristen Arcell, Veterinarian

Yours faithfully,

Opra4Animals

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28309-ce671eba@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/kennel_licensed_facilities

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

health

SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information *(Complete this section only if different from establishment informatio.*

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
JOSEPH AZZOLINA, JR.

NUMBER AND STREET
853 HIGHWAY 35

COUNTY

MUNICIPALITY
MIDDLETOWN

STATE
NJ

ZIP CODE
07748

CO/MUN. CODE

TYPE OF ESTABLISHMEN
PET SHOP

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
PET SUPPLIES PLUS

NUMBER AND STREET
775 ROUTE 1

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-662-3264

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.

ESTABLISHMENT CODE

GOODS

INSPECTION

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
9/ 7/2017	13:30	14:20
9/ 7/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH
AME, ADDRESS AND (print0

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

EPHONE NUMBER
'32)-248-7273

FAX NUMBER
(732)-248-0494

IE OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
CAMILLE SPEARNOCK

TITLE **REHS**

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-1697

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPO
FOR FOOD ESTABLISHMENTS

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 DEADS IN QUARANTINE ROOM AIR TEMP = -1F

BIRDS, SMALL ANIMALS AND FISH AREA - NO VIOLATIONS

QURANTINE 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

NSTINCT RAW FREEZER = -9F
HIS STUFF IS COOL FREEZER = -24
RESH PET VITAL REFRIGERATORS = +31F

SIGNATURE OF INDIVIDUAL COMPLETING FORM

CAMILLE SPEARNOCK

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STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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PET SUPPLIES PLUS

NUMBER AND STREET
775 ROUTE 1

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-662-3264

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.

INSPECTION

TYPE OF ESTABLISHMEI
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
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

NAME, ADDRESS AND (print0
EDISON DEPARTMENT OF HEALTH
100 MUNICIPAL BLVD.
EDISON, NJ 08817
JAY P. ELLIOT, DIRECTOR

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
CAMILLE SPEARNOCK

TITLE **REHS**

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-1697

DATE
12/22/2021

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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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
NEDS 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 OPENNG 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 COVED 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
COSE OFF AREA WITH MOP STATION

MENS ROOM
CAULK SINK TO WALL

REAR DOOR

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FOR FOOD ESTABLISHMENTS

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SEAL SO NO LIGHT IS VISIBLE

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

NUMBER AND STREE
19601 N 27TH AVE

COUNTY

MUNICIPALITY
PHOENIX

STATE
AZ

ZIP CODE
85027

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
PETSMART, INC. # 2326

NUMBER AND STREET
2224 ROUTE 27

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-476-1522

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMEI
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
9/ 9/2015	10:30	11:13
9/ 9/2015		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR

TITLE

SIGNATURE

INSPECTOR'S PERM. REG. NO.

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

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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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
9/ 8/2016	13:35	14:30
9/ 8/2016		

EVALUATION

DELAYED POSTING

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

CAMILLE SPEARNOCK

SANITARY INSPECTION REPORT

IDENTIFICATION

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

NUMBER AND STREE
19601 N 27TH AVE

COUNTY

MUNICIPALITY
PHOENIX

STATE
AZ

ZIP CODE
85027

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
PETSMART, INC. # 2326

NUMBER AND STREET
2224 ROUTE 27

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-476-1522

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMEI
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
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

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
CAMILLE SPEARNOCK

TITLE **REHS**

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-1697

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326

Date : 9/12/2016

Remarks

30 DAYS TO COMPIANCE 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

CAMILLE SPEARNOCK

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PETSMART INC PETSMART INC

NUMBER AND STREE
19601 N 27TH AVE

COUNTY

MUNICIPALITY
PHOENIX

STATE
AZ

ZIP CODE
85027

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PETSMART, INC. # 2326

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EDISON

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COUNTY

TELEPHONE NO
732-476-1522

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
NONE

TIME - (2400 HOURS)

DATE	BEGIN	END
10/ 1/2016	12:35	12:40
10/ 1/2016		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

EDISON DEPARTMENT OF HEALTH
100 MUNICIPAL BLVD.
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B-1697

DATE
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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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PETSMART, INC. # 2326

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732-476-1522

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FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
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

NAME, ADDRESS AND (print0

EDISON DEPARTMENT OF HEALTH
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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. # 2326 Date : 8/10/2017

Remarks

8:23A

ENTRY DOOR
DOOR CLOSES 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

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STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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EDISON DIVISION OF HEALTH

SHELVING REQUIRES REORGANIZATION AND CLEANING 1.3A

FRIGIDAIRE REFRIGERATOR/FREEZER
FREEZER -1F
REFRIGERATOR +41F
BOTH REQUIRE THOROUGH CLEANING 1.4F

VERFIED ANIMAL LOG

RANDOM CHECK OF FOOD DATES ALL OK

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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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		FULL
	GOODS	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 (print0 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 informatio.		ESTABLISHMENT INFORMATION	
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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
9/24/2019	13:30	14:00
9/24/2019		

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, 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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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
INDICATATOR = +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

ELIMIATE 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

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 informatio.

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

NUMBER AND STREE
19601 N 27TH AVE

COUNTY

MUNICIPALITY
PHOENIX

STATE
AZ

ZIP CODE
85027

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
PETSMART, INC. # 2326

NUMBER AND STREET
2224 ROUTE 27

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-476-1522

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
732-287-1983

INSPECTION

TYPE OF ESTABLISHMEN
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
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

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
CAMILLE SPEARNOCK

TITLE REHS

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-1697

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

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 STREET 19601 N 27TH AVE		NUMBER AND STREET 2224 ROUTE 27	
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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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		FULL
	GOODS	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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/LABLED
SINK NO SOAP; HOT WATER SATISFACTORY

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

BEHIND FISH AREA
BOTTLE OF UNLABLED FLUID ON REPTIRE 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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

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 SHELVING 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

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 STREE 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 ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION
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	
NAME, ADDRESS AND (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 DEADS 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 SHEDULED TO ARRIVE 7/26/17
APPLY FOR GROOMING AND PET SHOP LICENSES

PLANNED OPENING 7/28/17
GRAND OPENING 8/12/17

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 informatio.		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH AZZOLINA, JR.		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREE 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 ESTABLISHMEN	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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CAMILLE SPEARNOCK

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NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT JOSEPH AZZOLINA, JR.		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREE 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 ESTABLISHMEN	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 informatio.

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

NUMBER AND STREE
2154 OAK TREE ROAD

COUNTY

MUNICIPALITY
EDISON

STATE
NJ

ZIP CODE
08820

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
HI-CREST KENNELS

NUMBER AND STREET
2154 OAK TREE ROAD

MUNICIPALITY
EDISON

ZIP CODE
08820

COUNTY

TELEPHONE NO
908-561-7098

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
908-791-0536

INSPECTION

TYPE OF ESTABLISHMEN
KENNEL

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
9/11/2015	10:45	11:15
9/11/2015		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR

TITLE

SIGNATURE

INSPECTOR'S PERM. REG. NO.

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
KENNEL		REINSPECTION
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
10/ 6/2015	10:45	11:00
10/ 6/2015		

EVALUATION

CONDITIONAL

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SIGNATURE OF PERSON RECEIVING REPORT

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
KENNEL		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information
(Complete this section only if different from establishment informatio.

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

NUMBER AND STREE
2154 OAK TREE ROAD

COUNTY

MUNICIPALITY
EDISON

STATE
NJ

ZIP CODE
08820

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
HI-CREST KENNELS

NUMBER AND STREET
2154 OAK TREE ROAD

MUNICIPALITY
EDISON

ZIP CODE
08820

COUNTY

TELEPHONE NO
908-561-7098

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
908-791-0536

INSPECTION

TYPE OF ESTABLISHMEI
KENNEL

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
9/13/2017	10:30	10:45
9/13/2017		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
CAMILLE SPEARNOCK

TITLE **REHS**

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-1697

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
KENNEL		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
9/24/2019	10:00	10:45
9/24/2019		

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information
(Complete this section only if different from establishment informatio

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
EDISON TOWNSHIP EDISON TOWNSHIP (D

NUMBER AND STREE
100 MUNICIPAL BLVD

COUNTY

MUNICIPALITY
EDISON

STATE
NJ

ZIP CODE
08817

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
EDISON MUNICIPAL ANIMAL SHELTER

NUMBER AND STREET
125 MUNICIPAL BOULEVARD

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-248-7276

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
732-248-0494

INSPECTION

TYPE OF ESTABLISHMEN
KENNEL

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
10/31/2018	10:00	10:55
10/31/2018		

EVALUATION

SATISFACTORY

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
MARIA TOMARO

TITLE **REHS**

SIGNATURE
Maria Tomaro

INSPECTOR'S PERM. REG. NO.
B-2291

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 Veternarian 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 ESTABLISHMEI
KENNEL

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
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

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR
MARIA TOMARO

TITLE **REHS**

SIGNATURE

INSPECTOR'S PERM. REG. NO.
B-2291

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 aphalt 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 verfied 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
Veified identification for each dog in each cage
Verified cages are clean

BATHROOM
Door lacks self-closing device
Sink:
verfied 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
KENNEL		**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 (print0 **EDISON DEPARTMENT OF HEALTH** **100 MUNICIPAL BLVD.** **EDISON, NJ 08817** **JAY P. ELLIOT, DIRECTOR**		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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		**FULL**
	GOODS	**TIME - (2400 HOURS)**

DATE	BEGIN	END
7/27/2021	10:15	11:00
7/27/2021		

EVALUATION

CONDITIONAL

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

FACTILITY 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) cates (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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 diarreah 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 ISSED AT THIS TIME

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information
(Complete this section only if different from establishment informatio.

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
PETCO ANIMAL SU PETCO ANMAL SUPPLI

NUMBER AND STREE
654 **RICHLAND HILLS DRIVE**

COUNTY

MUNICIPALITY
SAN ANTONIO

STATE
TX

ZIP CODE
78245

CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADE NAME
PETCO #283

NUMBER AND STREET
1029 **ROUTE 1**

MUNICIPALITY
EDISON

ZIP CODE
08817

COUNTY

TELEPHONE NO
732-516-0330

ESTABLISHMENT STATE LICENSE NO. (If Appl)

FAX NO.
858-909-2609

INSPECTION

TYPE OF ESTABLISHMEI
PET SHOP

ESTABLISHMENT CODE

GOODS

TYPE OF INSPECTION
FULL

TIME - (2400 HOURS)

DATE	BEGIN	END
8/18/2015	11:00	12:35
8/18/2015		

EVALUATION

CONDITIONAL

OFFICIAL (S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND (print0

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

TELEPHONE NUMBER
(732)-248-7273

FAX NUMBER
(732)-248-0494

NAME OF HEALTH OFFICER
LESTER H. JONES

INSPECTING OFFICIAL

NAME OF INSPECTOR

TITLE

SIGNATURE

INSPECTOR'S PERM. REG. NO.

DATE
12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 SHELF1.7D

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

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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 CART1.3
2 DIRTY UTILITY CARTS 1.3
1 CEILING LIGHT NOT OPRABLE 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 FLOOR1.3
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 LABLED AS SUCH QURANTINE ROOM USE ONLY 1.9G

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

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

NAME, ADDRES, 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 SANTIATION 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 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		**REINSPECTION**
	GOODS	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 (print0 **EDISON DEPARTMENT OF HEALTH** **100 MUNICIPAL BLVD.** **EDISON, NJ 08817** **JAY P. ELLIOT, DIRECTOR**		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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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		**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 (print0 **EDISON DEPARTMENT OF HEALTH** **100 MUNICIPAL BLVD.** **EDISON, NJ 08817** **JAY P. ELLIOT, DIRECTOR**		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

SANITARY INSPECTION REPORT

IDENTIFICATION

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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		**COMPLIANCE CHECK**
	GOODS	**TIME - (2400 HOURS)**

DATE	BEGIN	END
10/ 7/2015	10:00	10:15
10/ 7/2015		

EVALUATION

NO RATING

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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SANITARY INSPECTION REPORT

IDENTIFICATION

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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/ 3/2016	13:30	14:45
8/ 3/2016		

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 TITLE	
TELEPHONE NUMBER (732)-248-7273	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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 BATHROO - 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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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.....

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

REMOVED ITEMS OUTDATED
TROPIC CLEAN FRESH BREATH PLUS 120Z BAG 6/2/16
TROPIC CLEAN FRESH BREATH PLUS 120Z BAG NO SELL BY DATE
TROPIC CLEAN FRESH BREATH PLUS 120Z BAG 6/5/16
TROPIC CLEAN FRESH BREATH PLUS 120Z 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; COMPLAINCE WITHIN 2 WEEKS FOR ALL REMAINING ISSUES

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

BIRD SOLDS 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

IDENTIFICATION

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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 ESTABLISHMEI	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 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/ 9/2018	14:00	15:00
8/ 9/2018		

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 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 LABLED

SMALL ANIMAL HABITATS THROUGHT SATISFACTORY

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

SUMMIT FRIDGE BY WORMS +28F

PARAKEET ENCLOSURE
LIGHTS ABOVE BIRDS NOT PLASTIC COATED

1 LAFEBERS 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SANITARY INSPECTION REPORT

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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
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INSPECTION

TYPE OF ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		COMPLIANCE CHECK
	GOODS	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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**

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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
9/23/2019	13:40	14:40
9/23/2019		

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** TITLE **REHS**	
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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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NEW JERSEY
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SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		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 (print0 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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LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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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
4/29/2021	13:30	15:20
4/29/2021		

EVALUATION

CONDITIONAL

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** 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 INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 ENCLOUSRES 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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CAMILLE SPEARNOCK

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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 NOTUSE 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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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		REINSPECTION
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
6/17/2021	11:30	11:57
6/17/2021		

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 TITLE REHS	
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LESTER H. JONES		B-1697	12/22/2021

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NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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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INSPECTION

TYPE OF ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET SHOP		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 (print0 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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STATE DEPARTMENT OF HEALTH

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FOR FOOD ESTABLISHMENTS

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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FOR FOOD ESTABLISHMENTS

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 ISOLATIONA REA
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

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		**FULL**
	GOODS	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 (print0 **EDISON DEPARTMENT OF HEALTH** **100 MUNICIPAL BLVD.** **EDISON, NJ 08817** **JAY P. ELLIOT, DIRECTOR**		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 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		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 (print0 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	INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES	B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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
NAME, ADDRESS AND (print0 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	INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES	B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETCO

Date : 8/24/2017

Remarks

PLACARD & LICENSE TUCKED BEHIND IN A CORNER - MUST BE CONSPICUOULSY 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

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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 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 ESTABLISHMEI	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
9/27/2019	14:30	14:45
9/27/2019		

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 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 INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

INPSECTION 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 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		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
4/29/2021	15:00	15:15
4/29/2021		

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 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 INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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		**REINSPECTION**
	GOODS	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 (print0 **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	INSPECTOR'S PERM. REG. NO. / DATE
LESTER H. JONES	**B-1697** / **12/22/2021**

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 STREE **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 ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		**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 (print0 **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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		**B-1697**	**12/22/2021**

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 HYE S. AHN			ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
NUMBER AND STREE 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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Owner Information (Complete this section only if different from establishment informatio		ESTABLISHMENT INFORMATION	
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NUMBER AND STREE **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 ESTABLISHMEN	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		**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 (print0 **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	
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LESTER H. JONES		**B-1697**	**12/22/2021**

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 **HYE S. AHN**		ESTABLISHMENT TRADE NAME **ANNIE'S PET GROOMING**	
NUMBER AND STREE **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 ESTABLISHMEI	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 (print0 **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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		**B-1697**	**12/22/2021**

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 informatio		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HYE S. AHN		ESTABLISHMENT TRADE NAME ANNIE'S PET GROOMING	
NUMBER AND STREE 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 ESTABLISHMEN	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 EDISON DEPARTMENT OF HEALTH 100 MUNICIPAL BLVD. EDISON, NJ 08817 JAY P. ELLIOT, DIRECTOR		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 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 ESTABLISHMEI	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 (print0 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		**FULL**
	GOODS	**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 (print0 **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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		**B-1697**	**12/22/2021**

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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
PARTICAL 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

CAMILLE SPEARNOCK

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 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 GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: PETSMART, INC. #2326 **Date :** 9/11/2018

Remarks

MAKE SURE VETERINARIAN INFORMATION IS IMPUT - 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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		FULL
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
8/21/2020	09:38	09:38
8/21/2020		

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 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 INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		FULL
	GOODS	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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

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 **PAMELA LUZACK**		ESTABLISHMENT TRADE NAME **SHEP'S PET GROOMING SALON**	
NUMBER AND STREE **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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		**FULL**
	GOODS	**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 (print0 **EDISON DEPARTMENT OF HEALTH** **100 MUNICIPAL BLVD.** **EDISON, NJ 08817** **JAY P. ELLIOT, DIRECTOR**		NAME OF INSPECTOR 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

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

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 JR. AZZOLINA		ESTABLISHMENT TRADE NAME PET SUPPLIES PLUS	
NUMBER AND STREE 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 ESTABLISHMEI	ESTABLISHMENT CODE	TYPE OF INSPECTION
PET GROOMING		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 (print0 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		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES		B-1697	12/22/2021

SIGNATURE OF INDIVUAL RECEIVING FORM

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

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

CAMILLE SPEARNOCK

SIGNATURE OF PERSON RECEIVING REPORT