Gabriela Reynoso

From: JOHN FUKSA
Sent: Thursday, March 12, 2020 9:48 AM
To: Town Clerk
Cc: CARMELA RICCIE; ADELINNY PLAZA; Gabriela Reynoso; Joseph Roque
Subject: Emailing: OPRA 9587
Attachments: OPRA 9587.pdf

West New York Health Department
428 – 60th Street, Room 30
West New York, N.J. 07093
(201) 295-5070 Fax (201) 295-0769

Cosmo A. Cirillo
Commissioner of Public Affairs

Janet Castro
Health Officer

Maria Alvarez
Registrar of Vital Statistics

MEMORANDUM

Date: 3-12-2020

To: Town Clerk

From: Health Dept

Re: Tracking No. 9587

Address: 6412 Dewey Ave. W.N.Y. N.J. 07093

Please be advised with regard to the OPRA request above, I have enclosed the requested document (s) that the Health Department is in possession of.

John Fuksa
Public Health Inspector

F-33
Rev. 07/19

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME		
Alex Saavedra			NJ Humane Society LLC		
NUMBER AND STREET	COUNTY		NUMBER AND STREET	COUNTY	
6412 Dewey Ave Hdsn			6412 Dewey Ave		
MUNICIPALITY	STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
West New York	NJ		West New York	07093	(201) 558-7788
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If appl.)	COMUN. CODE	
07093					

INSPECTION

TYPE OF ESTABLISHMENT

- [ ] 1 RETAIL
- [x] 2 OTHER (SPECIFY) Shelter Pound Kennel
- [ ] 3
- [ ] 4

ESTABLISHMENT CODE

TYPE OF ESTABLISHMENT

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [x] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
9/25/19	1	/

EVALUATION

- [x] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
WEST NEW YORK HEALTH DEPARTMENT **428 - 60th Street, Room 30** **West New York, N.J. 07093** **(201) 295-5070**	Yojana Rubiano R.E.H.S
	INSPECTOR'S SIGNATURE
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
Janet Castro, MPH	B158162

P5740

New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility: NJ Humane Society LLC	License No.: 083	Date of Inspection: 9/25/2019
Address of Facility: 6412 Dewey Ave	Time Began: 12:30	Time Completed: 1:30
County/ Municipality: Hudson	Inspecting Organization: WNY/NB Health Department	
Name of Inspecting Official(s): Yojana Rubiano R.E.H.S	Telephone Number: [redacted]	

Type of Establishment: ☑ Kennel ☐ Pet Shop ☑ Pound ☑ Shelter

Type of Inspection: ☐ Initial ☑ Routine ☐ Complaint ☐ Reinspection

Result of Inspection: ☑ Satisfactory ☐ Conditional A ☐ Unsatisfactory ☐ Conditional B

This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)

N.J.A.C. 8:23A

1.2 - COMPLIANCE
- ☑ b. Certificate of local inspection
- ☑ d. Fire inspection
- ☑ c. Plan review, if applicable

1.3 - FACILITIES (GENERAL)
- ☑ a. General housing condition
- ☑ b. Electric power/water test
- ☑ c. Storage of food and/or bedding
- ☑ d. Disposal of waste and/or carcasses
- ☑ e. Facilities for caretaker's cleanliness
- ☑ f. Premises (buildings and grounds)

1.4 - FACILITIES (INDOOR)
- ☐ a. Indoor facilities/acclimation certificate not provided
- ☑ b. Heating
- ☑ c. Ventilation
- ☑ d&e. Lighting
- ☑ f. Interior surfaces not impervious to moisture
- ☑ g. Drainage

1.5 - FACILITIES (OUTDOOR)
- ☑ a,b,&c. Protection from weather elements
- ☐ d. Drainage
- ☑ e. Outdoor enclosure surfaces/disposal of run off

1.6 - PRIMARY ENCLOSURES
- ☑ a. Primary enclosure requirements
- ☑ b,g,&h. Enclosure size/litter receptacle/exercise
- ☑ c. Segregation of animals
- ☑ d. Disinfection between inhabitants
- ☑ e. Isolating contagious animals
- ☑ f. Flooring
- ☑ i. Suspect rabid animal caging
- ☑ j. Tethering in lieu of primary enclosures

1.7 - FEEDING AND WATERING
- ☐ a&c. Feeding frequency
- ☑ b. Food quality
- ☑ d. Location of food receptacles
- ☐ e,f,&g. Food receptacles
- ☐ h. Potable water/water receptacles

1.8 - SANITATION
- ☑ a. Removal of excreta/protection of animals during cleaning
- ☑ b. Frequency of cleaning
- ☐ c. Disinfection practices
- ☑ d. Condition of buildings/grounds
- ☑ e. Pest control

N.J.A.C. 8:23A SECTIONS (CONTINUED)

1.9 - DISEASE CONTROL
- ☐ a. Disease control and health care program established and maintained by a veterinarian: Dr. Carlos Triana.
- ☑ b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- ☑ d. Observation of animals/treatment of injury or illness/ stress remediation
- ☑ e,k,&l. Handling of rabies suspects
- ☑ f. Isolation of animals with communicable disease
- ☑ g,h,&i. Isolation rooms
- ☑ m&n. Fact sheets/noncompliance of ordered quarantine

1.10 - HOLDING AND RECLAIMING ANIMALS
- ☐ a. ☑ 1. Seven day stray holding period; ☑ 1-4. Rabies holding period/rabies testing protocol; ☐ 5-6. Elective euthanasia
- ☑ b. Facility Sign
- ☐ b. ☑ 1-5. Public access; ☑ 6-7. Notification of unlicensed dog/impoundment

1.11 - EUTHANASIA
- ☑ a&b. Pre-euthanasia handling/sedation
- ☑ c&d. Method of euthanasia
- ☑ e. Persons administering euthanasia
- ☑ f. Euthanasia protocol
- ☑ g. Assessment of animals after euthanasia

1.12 - TRANSPORTATION
- ☑ a&b. Vehicle requirements
- ☑ c,e,&f. Primary enclosures
- ☑ d. Animal segregation
- ☑ g. Sanitation of enclosures
- ☑ h. Emergency veterinary care
- ☑ i. Temporary holding facilities

1.13 - RECORDS AND ADMINISTRATION
- ☑ a,c,&d. Record keeping
- ☑ b. Records not kept on premise
- ☐ e. Change in facility status

NJAC 8:23-1 THROUGH 3
- ☑ 1.1 Importation of dogs; certification requirements
- ☑ 1.2 Reporting of known or suspect rabid animal
- ☑ 1.3 Transportation of confined animals
- ☑ 1.4 Quarantine, testing and transportation of pet birds
- ☑ 1.5 Records of pet birds
- ☑ 2.1 Sale of turtle eggs/live turtles
- ☑ 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	18						
Cats							

Signature of Owner, Operator or Representative

Signature of Inspecting Official(s): Yojana Rubiano

VPH-1
JUL 12

Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official

New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility: New Jersey Humane Society	License No.: 323	Date of Inspection: 11-16-19
Address of Facility: 6412 Dewey Ave	Time Began: 3:02p	Time Completed: 5:37p
County/ Municipality: Hudson / WNY	Inspecting Organization: North Bergen Health Dept	
Name of Inspecting Official(s): Giselle Alfaro	Telephone Number: [redacted]	

Type of Establishment: ☐ Kennel ☐ Pound ☐ Pet Shop ☑ Shelter

Type of Inspection: ☐ Initial ☑ Complaint ☐ Routine ☐ Reinspection

Result of Inspection: ☑ Satisfactory ☐ Unsatisfactory ☐ Conditional A ☐ Conditional B

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N.J.A.C. 8:23A

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- ☐ f. Premises (buildings and grounds)

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- ☐ a. Indoor facilities/acclimation certificate not provided
- ☐ b. Heating → 70F
- ☐ c. Ventilation
- ☐ d&e. Lighting
- ☐ f. Interior surfaces not impervious to moisture
- ☐ g. Drainage

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N.J.A.C. 8:23A SECTIONS (CONTINUED)

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- ☐ 1.4 Quarantine, testing and transportation of pet birds
- ☐ 1.5 Records of pet birds
- ☐ 2.1 Sale of turtle eggs/live turtles
- ☐ 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	4						
Cats	16						

Signature of Owner, Operator or Representative: Jose Alvarez

Signature of Inspecting Official(s): Giselle Alfaro

VPH-1
JUL 12

Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official

CONTINUATION SHEET

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	New Jersey Humane Society	Date	11-16-19
Municipality	WNY	Tel. Code or ID No.	201-820-7333

Item No.	Remarks
Note:	A freezer was observed with a black bag which operator stated has 1 raccoon and 1 skunk.
Note:	Intake forms reviewed onsite for 1 cat surrendered on 11/2/19 (midnight), 1 cat (TONY) surrendered on 10/15/19 and 1 cat (sweetie) surrendered on 10/3/19. All animals mentioned have been onsite for over 7 days.
Note:	Records for "Spanky" indicated he was held onsite from 10/30/19 - 11/15/19 - reclaimed by owner.
1.12	1 Vehicle Lic # IM FH61 did not have an inspection sticker. Note: Operator stated windshield was recently replaced due to a crack.
Note:	Operator stated animals that don't get adopted stay onsite.
Note:	Operator furnished forms for Faithful Companion used for road kill, domesticated animals which have died at home and other deceased wildlife.
Note:	Records of CiCi and Lebron (rottweilers) were held from March 18 - April 11 2019. observed.

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
[signature]	[signature]