TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY

MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
o. (201).295.5070
f. (201).295.0769

MEMORANDUM

DATE: 9-20-2023

TO: Town Clerk

FROM: Health Dept.

RE: TRACKING NO. 12705

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

John Fuksa
Public Health Inspector

MAYOR
ALBIO SIRES | PUBLIC SAFETY
COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS
DEPARTMENT OF HEALTH
ANNARELLY MCNAIR | DIRECTOR & HEALTH OFFICER

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OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

During the year 2021 Two (2) New Jersey Sanitary Inspections were conducted on the following dates 02/11/2021 and 07/29/2021. During the year 2022 the West New York Health Department because of their continued involvement in the COVID 19 vaccine clinic did not preform a 2022 Sanitary inspection. The most recent inspection was conducted on 01/06/2023.

Copies of 2021 Sanitary Inspections were sent to Dr. Patricia Zinna of the State Health Department.

Oscar Martinez

Oscar Martinez, MPH, REHS, CHES®
Principle Registered Enviromental Health Specialist

New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility	License No.	Date of Inspection
New Jersey Humane Society	083	1/6/23
Address of Facility	**Time Began**	**Time Completed**
6412 Dewey Ave	1:00pm	2:00pm
County/ Municipality	**Inspecting Organization**	
Hudson	West New York Health Department	
Name of Inspecting Official(s)		**Telephone Number**
Oscar Martinez, MPH, REHS, CHES® #B164341		201-295-0570

Type of Establishment	Type of Inspection	Result of Inspection
☑ Kennel ☑ Pound	☑ Initial ☐ Complaint	☑ Satisfactory ☐ Unsatisfactory
☐ Pet Shop ☑ Shelter	☑ Routine ☐ Reinspection	☐ Conditional A ☐ 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	6						
Cats	33						

Signature of Owner, Operator or Representative	Signature of Inspecting Official(s)
	Oscar Martinez #B164341

VPH-1
JUL 12

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