# 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<br>**HYE SUK AHN** | | ESTABLISHMENT TRADE NAME<br>**ANNIE'S PET GROOMING LLC** | |
| NUMBER AND STREE<br>**8 STILES ROAD** | | NUMBER AND STREET<br>**501 OLD POST ROAD** | |
| COUNTY | | MUNICIPALITY<br>**EDISON** | ZIP CODE<br>**08817** |
| MUNICIPALITY<br>**EDISON** | STATE<br>**NJ** | COUNTY | TELEPHONE NO<br>**732-287-8400** |
| ZIP CODE<br>**08817** | CO/MUN. CODE | ESTABLISHMENT STATE LICENSE NO. (If Appl) | FAX NO.<br>**732-287-8401** |

## INSPECTION

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

| DATE | BEGIN | END |
|---|---|---|
| 9/28/2022 | 14:09 | 14:09 |
| 9/28/2022 | | |

## EVALUATION

# APPROVED

## OFFICIAL (S)

| LOCAL BOARD OF HEALTH | INSPECTING OFFICIAL | |
|---|---|---|
| NAME, ADDRESS AND (print0<br>**EDISON DEPARTMENT OF HEALTH**<br>**100 MUNICIPAL BLVD.**<br>**EDISON, NJ 08817**<br>**JAY P. ELLIOT, DIRECTOR** | NAME OF INSPECTOR<br>**CAMILLE SPEARNOCK**<br>TITLE **REHS** | |
| TELEPHONE NUMBER<br>**(732)-248-7273** FAX NUMBER **(732)-248-0494** | SIGNATURE | |
| NAME OF HEALTH OFFICER | INSPECTOR'S PERM. REG. NO. | DATE |
| **LESTER H. JONES** | **B-1697** | **10/24/2023** |

**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 LLC **Date :** 9/28/2022

## Remarks

NO DOGS BEING KENNELLED AT TIME OF THE INSPECTION

**SIGNATURE OF INDIVIDUAL COMPLETING FORM**

CAMILLE SPEARNOCK

**SIGNATURE OF PERSON RECEIVING REPORT**