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): (1); FAX NO.: 732-248-0494

INSPECTION

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

DATE	BEGIN	END
6/28/2022	10:05	11:00
6/28/2022		

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 Sprowell / MARIA TOMARD TITLE: REHS / REHS
TELEPHONE NUMBER: (732)-248-7273; FAX NUMBER: (732)-248-0494	SIGNATURE: [signature] / Maria Tomard
NAME OF HEALTH OFFICER: LESTER H. JONES	INSPECTOR'S PERM. REG. NO.: B1697 B2291; DATE: 6/28/2022

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 :** 6/28/2022

Remarks

VIOLATIONS NOTED ARE OUT OF COMPLIANCE WITH NJAC 8:23A

FRONT ENTRANCE
MISC DEBRIS ON FRONT PATIO IE CARDBOARD BOXES, CAGE PARTS, BAGGED ITEMS 1.3A
PLASTIC DISPLAY BOARD HAS 2018 INSPECTION PLACARD NOT CURRENT 1.2B

FRONT OFFICE
INSPECTION PLACARD IN FRONT OFFICE NOT CURRENT 1.2B
REVIEWED INTAKE OF CAT 6/28/22 DSH, RABIES UNKNOWN, SPAY/NEUTER UNKNOWN, NO NOTE OF SEX MALE/FEMALE 1.101A
CAT INTAKE 6/27/22 VERIFIED VACCINATIONS, SPAYED, MICROCHIPPED FEMALE
PEST CONTROL DPW PLACED TRAPS FOR ROACHES NO ACTIVITY
WALL BEHIND DESK AREA AT BASEBOARD IN DISREPAIR 1.3A

CAT ROOM
SHELTER ATTENDANT WEARING GLOVES TO CLEAN
LABLED CAGES BY NUMBERS INFORMATION AT OFFICE AREA AS TO WHAT IS IN EACH CAGE

ISOLATION ROOM - CATS ONLY
HAND WASH SINK
HOT WATER = 90F
SOAP
PAPER TOWELS LACK DISPENSER 1.3A

MEDICINE CABINET
AZITHROMYCIN, DOXYCYCLINE HYCLATE, FLEA & TICK MEDICATIONS
DATES VERIFIED
5 KENNELS TO RIGHT; 2 LACK LABLING, KEEP 7 DAYS IF NO ILLNESS PRESENTS
FLOOR UNCLEAN 1.3F
FOOD OPENED STORED DIRECTLY ON THE FLOOR 1.3C
LITTER STORED PROPERLY

VACCINE REFRIGERATOR
TEMP AIR 41F
EXPIRED DERMATO PLATE DUE 12/19/2017 1.3C

EXTERIOR OF BUILDING AND GROUNDS
MUNICIPAL ANIMAL CONTROL VAN AC4 PLATE MG69855 LACKS MVC INSPECTION STICKER 1.3A
FREEZER HAS DEAD ANIMAL IN A FROZEN STATE

SIGNATURE OF INDIVIDUAL COMPLETING FORM **SIGNATURE OF PERSON RECEIVING REPORT**

Maria Lemaro

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

EXTERIOR REAR LARGE DOG AREA
WEEDS NOTED ON LEFT SIDE 1.3A

HAPHAZARD STORAGE OF CAGES 1.3A

OUTSIDE FENCE DOG PLAY AREA HAS 2 DOG BEDS DIRTY TO SIGHT AND HAS STANDING WATER 1.3A PER MANAGER BECKY NOT IN USE

BUILDING ITSELF BY RIGHT SIDE PLAY AREA WINDOW SILL IN DISREPAIR

VERIFIED UNATTENDED DRY FOOD, 2 PLATES OF WET FOOD AND WATER AT DOGLOO 1.3F PER MANAGER THEY ARE ALLOWED TO DO THIS AS PART OF TRAP, NEUTER AND RELEASE (TNR)

SMALL ANIMAL HOLDING AREA OFF OFFICE AREA
ROOM HAS OBJECTIONABLE ODOR 1.3A
ROOM ITSELF REQUIRES THOROUGH CLEANING FOOD STORED DIRECLTY ON FLOOR, BOXES STORED DIRECTLY ON FLOOR,
CAT IN TRAP STORED DIRECTLY ON FLOOR, CAT IN CAGE STORED DIRECTLY ON FLOOR 1.3F, 1.6A, 1.3A
SIDE DOOR TO BUILDING BLOCKED BY DEBRIS AS WELL AS TUB 1.3A
PLASTIC WATER BOTTLE WITH CLEAR LIQUID LABLED RESCUE STORED ON SIDE OF CAGE 1.6A
HANDWASH STATION - NO VIOLATIONS
CHECKED CABINETS NO VIOLATIONS

REST ROOM
VERIFIED SOAP, PAPER TOWELS (BUT NOT IN PROVIDED HOLDER), AND HOT WATER

HALLWAY TO CAT ROOM AND DOG KENNEL
NO VIOLATIONS

DOG KENNEL
NOTE CAGE 8, CAGE 17 LACK IDENTIFICATION OCCUPIED PREVIOUSLY NOTED MANAGER INDICATES OCCUPANT NOTES ARE IN THE OFFICE

BEDDING AND OTHER ITEMS STORED DIRECTLY ON THE FLOOR 1.3A

DOORS TO EXTERIOR NOT PROPERLY SEALED ON BOTTOM 1.8E

RACK WITH TOYS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaio

SIGNATURE OF PERSON RECEIVING REPORT

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SOME TOYS ARE VERY CHEWED UP 1.7B
TOYS STORE ON SAME SHELF OR DIRECTLY BELOW CLEANERS 1.7B

KITCHEN
TWO BAY SINK
FAUCET LEAKS 1.3A
HOT WATER = 117F
PET LITTER STORED DIRECTLY ON THE FLOOR 1.7B
SANITIZING WIPE CONTAINER STORED ON COUNTER 1.7B
HISENSE BRAND FREEZER/REFRIGERATOR
FREEZER -4F DIRTY INSIDE WITH UNCOVERED FOOD 1.3A; 1.7B
REFRIGERATOR = 39F

LAUNDRY/FURNACE ROOM
MOP BUCKET HAS DIRTY WATER 1.3A

REPORT GIVEN TO SHELTER MANAGER REBECCA SNYDER

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaso

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
REINSPECTION

TIME - (2400 HOURS)

DATE	BEGIN	END
12/21/2022	10:20	11:00
12/21/2022		

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
12/21/2022

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 :** 12/21/2022

Remarks

FRONT COUNTER
ok health placard and Edison health license conspicuously posted
ok water containers for employee consumption stored above floor
* verified animal medical records maintained
ok verified office is organized and clean
ok purchase orders submitted:
* 11/18/22 styrofoam air flow deflector needs to be replaced with proper deflector
* 11/21/22 new permanent signs on laundry room doors - Fire Door Keep Closed (2 door signs)
* 12/8/22 mount white board an dfile holder on wall in office
* 12/14/22 fire control panel-requesting repairs - alarm goes of 7:45 am needs to be silenced
* 7/29/22 maintenance of fire detection- alarm, smoke control, smoke and heat vents. note: as per Ed Dobrowsky- acting director - fire inspection conducted. awaiting repair of control panel
* 12/15/22 2 permanent signs mounted to doors from office into front kennel and door from kennel area to outside stating Fire Exit only*
* 11/21/22 outside - lights - not working properly. on 12/21/22 - still not working
* 11/18/22 outside - clean up of dead brush and weeds - verified in progress - front area is cleaned up - side of building needs attention.
*11/18/22 kitchen faucet replacement and leak repair - VERIFIED COMPLETE
* 11/18/22 paper towel dispensers. VERIFIED INSTALLED AND OPERABLE
* 11/18/22 all doors and door frames to be re-painted - note: started on 12/15/22, re-painting on 12/22/22
* 12/14/22 dog lease retainer in office that was installed - coming loose. needs to be anchored ON 12/17/22 - COMPLETE

CAT INTAKE ROOM
ok verified temporary EXIT sign posted on door
ok tub clean -NOTE: sanitize after each use
ok
CAT ROOM
ok - no violations, verified clean, food properly stored, cages labeled, toys in good repair

EXIT DOOR to outside sidewalk
ok - accessible - not used for dog pen

KITCHEN
ok verified floor under current shelving for dog food storage is clean. note: NSF approved shelving on order

OUTSIDE
ok traps - organized- covered

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaro
MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT

x

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ok cat carriers in need of sanitizing - segregated from santized ones
ok storage shed - verified all sanitized cat carriers stored in an organized manner - interior of shed clean and sanitary
ok as per Ed - vent cap repaired to keep water from pooling at storage container
ok ferral cats - as per Ed Dobrowsky - food placed outside at 9:00 A.M. removed at 9:30 AM. verified.
ok dog pens - fencing secured with trench and counter sunk 6 inch fencing and in good repair
ok concrete curbing around front dog runs in good repair
ok front landscaping - verified weeds removed
ok temporary fencing in good repair
1.3 (a) mud wasp nest at soffit near Boy Scout project

Maria Tomaro

SIGNATURE OF INDIVIDUAL COMPLETING FORM

MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT

x

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) (1) / FAX NO.: **732-248-0494**

INSPECTION

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

DATE	BEGIN	END
7/12/2022	13:25	13:50
7/12/2022		

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 Sparwock / MARIA TOMARD TITLE REHS / 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: ~~7/14/2022~~ 7/14/22 CS

SIGNATURE OF INDIVUAL RECEIVING FORM

Rebecca Snyder

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER **Date :** 7/14/2022

Remarks

THE FOLLOWING ARE VIOLATIONS OF NJAC 8.23A UNLESS OTHERWISE NOTED

EXTERIOR
AT LEAST 6 HOUSES WITH STRAW, DOGLOO HAS WET FOOD WITH NUMEROUS AMOUNT OF FLIES AROUND IT AS WELL AS UNATTENDED DRY FOOD AND WATER VIOLATION OF EDISON TOWNSHIP CODE CHAPTER 12 SECTION 7.1F ALL SHALL BE REMOVED FROM THE PREMISE AND KEPT REMOVED IN THE FUTURE AT ALL TIMES PRIOR TO CHANGE OF CONDITIONALLY SATISFACTORY RATING
HAPHAZARD STORAGE OF UNUSED CAGES 1.3A
WEEDS PRESENT BY EXTERIOR DOG KENNEL AREA 1.3A

ENTRY AREA
HAPHAZARD STORAGE OF ITEMS BY FRONT ENTRY
IN PLEXIGLASS BULLETIN BOARD IS SATISFACTORY PLACARD FROM MARIA TOMAROS 10/31/18 INSPECTION WHICH SHALL REMOVED IMMEDIATELY 1.3A

OFFICE AREA
ROOM HAS OBJECTIONABLE ODOR 1.2B
VERIFIED CONDITONALLY SATISFACTORY EVALUATION PLACARD POSTED FROM 6/28/22 REPORT

SMALL ANIMAL ROOM
ROOM HAS VERY OBJECTIONABLE ODOR 1.3A

BATHROOM
PAPER TOWELS PROVIDED BUT NOT IN HOLDER 1.3A

DOG KENNEL
MANY TOYS EXTREMELY CHEWED AND SHALL BE DISCARDED AS NOT ABLE TO SANITIZE 1.7B
MANY ITEMS BY PLASTIC STORAGE RACK STORED DIRECTLY ON THE FLOOR 1.3A
GAP STILL PRESENT AT EXIT DOORS IN DOG KENNEL AREA TO EXTERIOR 1.8E

HALLWAY TO DOG KENNEL AND CAT ROOM
NO VIOLATIONS

ISOLATION ROOM
DOXYCYCLINE EXPIRED 6/4/22
DEAD FLY NOTED IN REFRIGERATOR
FEELINE FERCP VACCINE EXPIRED 5/30/22 (DISCARDED BY STAFF)

SIGNATURE OF INDIVIDUAL COMPLETING FORM **SIGNATURE OF PERSON RECEIVING REPORT**

Maria Tomaros

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

PAPER TOWELS PRESENT BUT DO NOT FIT IN DISPENSER PROVIDED 1.3A

KITCHEN
FAUCET LEAKS AS WELL AS PIPE BELOW SINK 1.3A
FREEZER INTERIOR DIRTY 1.3A; 1.7B

FURNACE ROOM
NO VIOLATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

Rebekcca Snyder

SANITARY INSPECTION REPORT

IDENTIFICATION

Owner Information
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ESTABLISHMENT INFORMATION

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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	TYPE OF INSPECTION **REINSPECTION**
	GOODS	**TIME - (2400 HOURS)**

DATE	BEGIN	END
12/21/2022	10:20	11:00
12/21/2022		

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 **12/21/2022**

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 :** 12/21/2022

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CAT INTAKE ROOM
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CAT ROOM
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EXIT DOOR to outside sidewalk
ok - accessible - not used for dog pen

KITCHEN
ok verified floor under current shelving for dog food storage is clean. note: NSF approved shelving on order

OUTSIDE
ok traps - organized- covered

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Maria Tomaro
MARIA TOMARO

SIGNATURE OF PERSON RECEIVING REPORT

x

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

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ok dog pens - fencing secured with trench and counter sunk 6 inch fencing and in good repair
ok concrete curbing around front dog runs in good repair
ok front landscaping - verified weeds removed
ok temporary fencing in good repair
1.3 (a) mud wasp nest at soffit near Boy Scout project

Maria Tomaro
SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

MARIA TOMARO

TOWNSHIP OF EDISON

DEPARTMENT OF PUBLIC SAFETY
100 Municipal Boulevard Edison NJ 08817 | Phone: 732-248-7558 | Fax: 732-248-7555

DIVISION OF FIRE
BRIAN LATHAM
FIRE CHIEF
BLATHAM@EDISONFD.ORG

BUREAU OF FIRE PREVENTION
MATTHEW R. JANDERNAL
FIRE MARSHAL
MJANDERNAL@EDISONFD.ORG

Occupant Name:	EDISON ANIMAL SHELTER	**Inspection Date:**	7/29/2022
Address:	125 MUNICIPAL Boulevard	**InspectionType:**	Complaint
Suite:		**Occupant Number:**	2619
Zip Code:	08817	**Occupancy Class:**	B
Inspected By:	Andrew Van Emburgh 732-221-5117 avanemburgh@edisonfd.org	**Property Owner:**	EDISON TOWNSHIP 732 248-7520

#	Insp. Result	Location	Code Set	Code
1	Fail		NJ IFC 2015 (N.J.A.C. 5:70-3) Update 2-1-19 CHAPTER 9 FIRE PROTECTION SYSTEMS	N.J.A.C. 5:70-3, 901.6 - System maintenance

Inspector Comments: ACTION REQUIRED: Proper maintenance required of fire detection, alarm, smoke control, smoke and heat vents and extinguishing systems.

Repair deficiencies as noted on Inspection report. Fire alarm dialer trouble.

Inspection, testing and maintenance, any installed.
Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents whether in a permanent structure or a mobile enclosed unit shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective.

Pass	New Jersey Uniform Code 2018 Administration and Enforcement	N.J.A.C.5:70-2.6 - Registration Status

YOU ARE HEREBY NOTIFIED that an inspection by Edison Township Fire Prevention Bureau disclosed violations of the Uniform Fire Code (N.J.A.C. 5:70-1 et. seq.) promulgated pursuant to the New Jersey Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et. seq.). The violations are specified in the above report.

YOU ARE HEREBY ORDERED by the FIRE OFFICIAL to correct the violations listed above within the time, or by the date specified. If a reinspection discloses that violations have not been corrected, and an extension has NOT been requested and granted, you will be subject to penalties of up to $5,000 per violation per day or as otherwise authorized by the Act and Department Regulations.

IN ADDITION, the ACT imposes liability on the owner for the actual costs of fire suppression where a violation directly or indirectly results in fire.

If you do not understand this order, need assistance, or desire further information, please call the Fire Prevention Bureau at (732) 248-7558

Inspector will return on or after 8/30/2022

Thank you for your cooperation in keeping your business and our community safe! If you have any questions, please contact the fire inspector listed at the top of this report.

ADMINISTRATIVE APPEAL RIGHTS

GENERAL

YOU MAY CONTEST THESE ORDERS BY FILING AN APPEAL. The request for a hearing must be made in writing within 15 DAYS after receipt of this order and addressed to:

Middlesex County Construction Board of Appeals
Middlesex County Administration Building
PO Box 871
New Brunswick, NJ 08903
Phone: (732) 745-3228

Copy to: EDISON DEPARTMENT OF PUBLIC SAFETY
Division of Fire
100 Municipal Boulevard
Edison, NJ 08817
Phone: (732) 248-7558

The notification of Appeal must include the Appellantï¿½s Registration number, the address of the premises involved, the reference numbers of the violation cited, the argument with regard to each and specific code section or the other authority the Appellant will rely on in support of his position.

You are advised that the appeal to the Construction Board of Appeals must be accompanied by the application fee payable to the Middlesex County Board of Appeals.

Appeals will not be deemed as received until payment of fee is made.

EXTENSIONS

If a specified time has been given to abate a violation, YOU MAY REQUEST AN EXTENSION OF TIME by submitting a WRITTEN request to THE BUREAU OF FIRE PREVENTION. To be considered, the request must be made before the compliance date specified and must set forth the work accomplished, the work remaining, the reason why an extension of time is necessary, and the date by which all work will be completed.

TAKE NOTICE THAT, pursuant to N.J.A.C. 5:70-2.10d, an application for an extension constitutes an admission that the violation notice is factually and procedurally correct, and that the violations do or did exist. In addition, the request for an extension constitutes a waiver of the right to a hearing as to those violations for which an extension is applied.

PENALTIES

Violation of the Code is punishable by monetary penalties of not more than $5,000 PER DAY FOR EACH VIOLATION. Each day a violation continues is an additional, separate violation except while an appeal is pending. Specific penalties are as follows:

a. Failure to install required protection equipment after having been given written notice of the requirement to do so: A maximum of $2,500 per violation per day.
b. Failure to abate any violation after having been given notice of the violation: A maximum of $5,000 per violation per day.
c. Storage of any material in violation of this Code or the conduct of any process in violation of the Code: A maximum of $5,000 per violation per day.
d. Blocking, locking, or obstructing required exits:
    i. In a place of public assembly: A maximum of $5,000 per occurrence.
    ii. In any other place: A maximum of $2,500 per occurrence.
e. Disabling or vandalizing any fire suppression or alarm device or system.
    i. In a place of public assembly: A maximum of $5,000 per occurrence.
    ii. In any other place: A maximum of $1,000 per occurrence.
f. Failure to obey a Notice of Imminent Hazard and Order to Vacate: A maximum of $5,000 per day for each day that the failure continues.
g. Failure to obey an Order to Close for a fixed period of time: A maximum of $5,000 per day that the failure continues.
h. Obstructing the entry into a premises or interfering with the duty of an authorized inspector: A maximum of $2,500 for each occurrence.
i. Any willfully false application for a Permit or Registration: A maximum of $1,000.00 for each occurrence.
j. Any other act or omission prohibited by the Act or the Regulations: A maximum of $5,000 per violation per day.

Claims arising out of penalty assessments can be compromised or settled if it shall be likely to result in compliance. Moreover, no such disposition can be finalized while the violation continues to exist.

Any penalties assessed are in addition to others previously assessed. Penalties must be paid in full within 30 days after an order to pay. If full payment is not made within 30 days, the matter will be referred to the Office of the University Counsel for summary collection pursuant to the Penalty Enforcement Law (N.J.S.A. 2A:58-10 et. seq.).

NOTICE: If you require guidance or advice concerning your legal rights, obligations or the course of action you should follow, consult your own advisor.

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		REINSPECTION
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
9/22/2022	10:00	11:45
9/22/2022		

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 Connie Sponnock / MARIA TOMARO	
		TITLE REHS	REHS
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	Maria Tomaro
NAME OF HEALTH OFFICER LESTER H. JONES		INSPECTOR'S PERM. REG. NO. B-1687 B2291	DATE 9/22/2022

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 :** 9/22/2022

Remarks

THE FOLLOWING ARE IN VIOLATION OF NJAC 8:23A UNLESS OTEHRWISE NOTED BELOW

EXTERIOR
2 UNATTENDED CONTAINERS OF FOOD BY DOGLOO WITH FLIES AT 10AM WAS SUPPOSED TO BE REMOVED NO LATER THAN 9:30 VIOLATION OF THE CODE OF THE TOWNSHIP OF EDISON CHAPER 12 SECTION 7F

ELIMINATE ALL HAPHAZARD STORAGE OF ITEMS AT FRONT ENTRANCE 1.3A
NEW FENCING AND OLD FENCING BEING INSTALLED AND REMOVED AT TIME OF INSPECTION
REMOVE ALL DEAD BUSHES, WEED GROWTH, HORNETS NEST (BY WALKWAY) AND REMOVE MUD WASP NESTS AT SOFFIT BY DOG KENNEL WINDOWS 1.3A
ALL EXTERIOR DOORS REQUIRE REPAINTING 1.3A
TEMPORARY FENCING BY REAR OF SHELTER BY BOY SCOUT BENCHES FALLING DOWN 1.3A
REMOVE ALL DEAD BRANCHES IN OUTSIDE FRONT DOG RUN AREA 1.3A
ELIMINATE RAILWAY TIES AT WALKWAY; FALLING INTO WALKWAY AND NOT HOLDING BACK THE EARTH 1.3A
HAPHAZARD STORAGE OF UNUSED KENNELS AT REAR OF BUILDING 1.3A

OFFICE AREA
INSPECTION PLACARD ON WALL AS CLIENTS LEAVE MUST BE EASILY VIEWED BY PUBLIC UPON ENTRY ALONG WITH LICENSE AND FIRE INSPECTION CERTIFICATE 1.2B
FIRE INSPECTION SAFETY CERTIFICATE EXPIRED 8/2/2019 1.2D
REMOVE MAKE-SHIFT STYROFOAM BAFFLE FROM UNDER WALL A/C UNIT AND REDIRECT AIR UP AND AWAY FROM EMPLOYEES 1.3A
JUGS OF CRYSTAL WATER FOR EMPLOYEE CONSUMPTION STORED DIRECTLY ON THE GROUND 1.3A
ALL DOORS LEADING INTO ROOMS HAVE CHIPPING PAINT 1.3A

CAT HOLDING AREA BY OFFICE
ELEVATE RIGHT SIDE LARGE KENNELS HOLDING CATS STORED DIRECTLY ON THE GROUND 1.6A BY KENNEL #32
NO PAPER TOWEL DISPENSER AT HANDWASH SINK 1.3A
BATHING TUB FILLED WITH DEBRIS; DEBRIS TO BE REMOVED AND TUB SHALL BE OPERATIONAL 1.3A
DOOR TO EXTERIOR CHIPPED 1.3A

BATHROOM
SHOWER CURRENTLY FILLED WITH EXTRA SUPPLIES 1.3A SHOWER SHALL BE OPERATIONAL AND EMPTY

SIGNATURE OF INDIVIDUAL COMPLETING FORM **SIGNATURE OF PERSON RECEIVING REPORT**

Maria Tomaselli

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

CLEANING PRODUCTS STORED DIRETLY ON THE FLOOR 1.3A
PAPER TOWEL HOLDER PROVIDED ALTHOUGH PAPER TOWELS IN THE PAPER TOWEL HOLDER DO NOT ADVANCE; PROVIDE APPROPRIATE TOWELING OR NEW DISPENSER 1.3A

DOG KENNELS
SANITIZER NOT IN WALL MOUNTED HAND SANITIZER DISPENSER 1.3A
KEEP REMOVING OVERCHEWED NYLABONES 1.3A

KITCHEN AREA
TWO BAY SINK STILL LEAKING FROM FAUCET AND PIPE BELOW SINK SINCE INITAL INSPECTION OF 6/28/22 1.3A
STORAGE RACKS NOT NSF (COMMERICAL) APPROVED AND SHALL BE REPLACED 1.3A
FLOOR UNDER SAME STORAGE RACKS DIRTY 1.3A

ISOLATION ROOM
VERIFIED EMPTY PAPER TOWEL DISPENSER 1.3A

HALLWAY DOOR TO EXTERIOR
HAS CHIPPED PAINT 1.3A

FURNACE ROOM
HAPHAZARD STORAGE OF CLEANING PRODUCTS THROUGHOUT THE ROOM 1.3A
MOPS STORED IMPROPERLY WET IN PLASTIC STORAGE CONTAINER 1.3A
MOP STORED IN MOP BUCKET 1.3A

MAIN CAT ROOM
LIGHT BALLAST DIRTY TO SIGHT AND TOUCH 1.3A
1 LIGHT MISSING FROM BALLAST 1.3A
SPEAKER IN DISREPAIR OVER KENNEL #1 1.3A
CAT CLIMBING TOYS DIRTY TO SIGHT AND TOUCH; HOW IS THIS SANITIZED DAILY? PROVIDE PROPER SANITIZER AND KNOWLEDGE ON HOW TO SANITIZE OR REMOVE 1.3A

Maya Tomasso
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		REINSPECTION
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
12/14/2022	10:54	11:55
12/14/2022		

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 MARIA TOMARO TITLE REHS
TELEPHONE NUMBER (732)-248-7273 — FAX NUMBER (732)-248-0494	SIGNATURE Maria Tomaro
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO. — DATE
LESTER H. JONES	B-2291 — 12/15/2022

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 : 12/14/2022

Remarks

OUTSIDE
1.3(a) EXTERIOR DOOR from dog kennel -chipped paint
1.3(a) CONTAINERS OF CAT FOOD - (2) left unattended - outside since 9:30 A.M. note: remove after one hour.
1.3 (a) MUD WASP NEST at near boy scout project
1.3 (a) TEMPORARY FENCE - falling

ENTRANCE AREA
OK storaged organized
FRONT DESK AREA
OK health placard posted, health license current
1.2 (d) FIRE CERTIFICATE EXPIRED- 2017
1.3 (a) WATER JUGS for employee consumption- stored directly on floor
OK verified all doors painted and in good repair
OK DOG shitzu breed - presents with diarrhea, held, but isolated from other dogs.

CAT HOLDING AREA
OK all cages labeled
OK paper towel dispenser
OK hand wash sink stocked
1.3 (a) INTERIOR DOOR TO EXIT - paint chipped
1.3 (a) WALK-WAY used for dog pen- PROHIBITED, EXIT SHALL BE USED FOR EMERGENCY ONLY
1.3 (a) FLOOR - unclean
HALLWAY
OK storage of cleaning supplies

CAT ROOM
1.3 (a) WALL - soiled with mud
1.3 (a) CAT TREE -in disprepair - threads hanging - COS threads removed. NOTE: discard when soiled or in disrepair
OK verified cages clean, labeled with cat information
OK tub - accessible
1.3 (a) TUB - unclean
OK lighting

KITCHEN
1.3 (a) STORAGE SHELVES - NOT NSF-COMMERCIALLY APPROVED
1.3 (a) same shelves - underneath- food spillage - unclean
OK 2-bay sink 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

ISOLATION ROOM
OK verified paper towel dispenser, hand sink stocked, accessible
1.3 (a) DOOR TO HALLWAY - paint chipped
OK verfied (1) sick cat - on medication - upper respiratory infection - documented - medication log maintained

UTILITY ROOM
OK mop sink - mops positioned to air dry
OK chemicals stored properly

DOG KENNELS
note: (19) dogs currently kenneled.
1.3 (a) HAND SANITIZER DISPENSER - lacks sanitizer
OK dog toys in good repair

Maria Tomaro
SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

MARIA TOMARO

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER Date : 8/ 3/2022

Remarks

THE FOLLOWING ARE IN VIOLATIONS OF NJAC 8:23A UNLESS OTHERWISE NOTED BELOW.

EXTERIOR
6 ANIMAL HOUSES
DOGLOO TYPE HOUSE HAS DRY FOOD, DRIED UP CAT FOOD; 1 CONTAINER 1 RIPPED UP CONTAINER AND WATER AT 110F CHAPTER 12 OF THE CODE OF THE TOWNSHIP OF EDISON SECTION 7F. SEE PHOTO

HAPHAZARD STORAGE OF UNUSED ANIMAL CRATES AT REAR OF SHELTER SEE PHOTO 1.3A

SATISFACTORY PLACARD FROM 10/31/18 INSPECTION BY MARIA TOMARO STILL PRESENT IN PLEXIGLASS AT FRONT ENTRY 1.3A SEE PHOTO AS WELL AS COTTON DOG BED STORED ON GROUND SAME AREA

CRYSTAL WATER FOR HUMAN CONSUMPTION STORED DIRECTLY ON THE GROUND 1.3A

OFFICE AREA
EVALUATION PLACARD NOT EASILY VIEWABLE UPON ENTRY (INSPECTION PLACARD) 1.2B

ROOM OFF OFFICE (HEALTHY KITTEN ROOM)
REAR DOOR TO EXTERIOR BLOCKED 1.3A
TUB AREA BLOCKED 1.3A
PAPER TOWELS DO NOT FIT PROVIDED HOLDER 1.3A
MEDICINES AND SANITIZER STORED ON SAME COUNTER AS FOOD 1.3A
HOT WATER 91F VERIFIED SOAP

HALLWAY TO BATHROOM; CAT ROOM AND DOG KENNEL AREA
LIGHT NOT OPERABLE 1.3A
GLASS ON DOOR TO CAT ROOM BROKEN 1.3A

BATHROOM
HOT WATER VERIFIED
SOAP, PAPER TOWELS PRESENT BUT DO NOT FIT HOLDER 1.3A

CAT ROOM
CAT CAGES CLEAN, WATER, FOOD

DOG KENNEL
DOG CAGES, CLEAN WATER, FOOD

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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EXTRA BEDDING STORED DIRECTLY ON THE FLOOR 1.3A
DOG TOYS SEVERELY CHEWED AND ARE NOT ABLE TO BE SANITIZED 1.7B SEE PHOTO
BOTH EXIT DOORS TO REAR LARGE GAP PRESENT 1.8E
STORAGE CONTAINERS FOR DOG TREATS MADE OF PLASTIC MILK-CRATE LIKE CONTAINERS; ALTHOUGH DURABLE ARE NOT EASILY CLEANABLE 1.3A SEE PHOTO
1 BOX MADE OF CARDBOARD CONTAINING DOG TOYS 1.3A SEE PHOTO

CLOROX STORED ON SAME SHELF AS TOYS 1.3A SEE PHOTO

FURNACE ROOM
NO VIOLATIONS

KITCHEN
2 BAY SINK LEAKS BELOW SINK 1.3A
FAUCET LEAKS 1.3A
BEDDING STORED DIRECTLY ON THE FLOOR 1.3A
RACKS PRESENTLY USED TO STORE FOOD DOES NOT PERMIT EASY CLEANING OF THE FLOOR BELOW; TO BE CHANGED OUT TO PROFESSIONAL GRADED DUNNAGE RACKS 1.3A
FREEZER INTERIOR DIRTY 1.3A
REFRIGERATORY INTERIOR DIRTY 1.3A

ISOLATION ROOM
11 CATS PRESENT
FREEZER INTERIOR UNCLEAN 1.3A
REFRIGERATOR NO VIOLATIONS
HANDWASH SINK HOT WATER 94F
VERIFIED PAPER TOWELS, NOT IN DISPENSERS, SOAP PRESENT
MEDICATION AND CHEMICALS STORED ON SAME COUNTER 1.3A

FIRE EXTINGUISHER EXPIRED 3/2021

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		COMPLIANCE CHECK
	GOODS	TIME - (2400 HOURS)

DATE	BEGIN	END
8/ 2/2022	11:00	11:00
8/ 2/2022		

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	
TELEPHONE NUMBER (732)-248-7273	FAX NUMBER (732)-248-0494	SIGNATURE	
NAME OF HEALTH OFFICER		INSPECTOR'S PERM. REG. NO.	DATE
LESTER H. JONES			8/ 4/2022

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 :** 8/ 2/2022

Remarks

SPOT CHECK REVEALS CAT CAGES STILL PRESENT ON PROEPRTY LARGE DOG LOO HAS DRY FOOD AND WATER; UPON ARRIVAL AT THE PROPERTY A GROUND HOG WAS SEEN RUNNING FROM THE FOOD INTO THE WOODLINE

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

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER **Date :** 8/ 2/2022

Remarks

SPOT CHECK REVEALS CAT CAGES STILL PRESENT ON PROEPRTY LARGE DOG LOO HAS DRY FOOD AND WATER; UPON ARRIVAL AT THE PROPERTY A GROUND HOG WAS SEEN RUNNING FROM THE FOOD INTO THE WOODLINE

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

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER **Date :** 6/28/2022

Remarks

VIOLATIONS NOTED ARE OUT OF COMPLIANCE WITH NJAC 8:23A

FRONT ENTRANCE
MISC DEBRIS ON FRONT PATIO IE CARDBOARD BOXES, CAGE PARTS, BAGGED ITEMS 1.3A
PLASTIC DISPLAY BOARD HAS 2018 INSPECTION PLACARD NOT CURRENT 1.2B

FRONT OFFICE
INSPECTION PLACARD IN FRONT OFFICE NOT CURRENT 1.2B
REVIEWED INTAKE OF CAT 6/28/22 DSH, RABIES UNKNOWN, SPAY/NEUTER UNKNOWN, NO NOTE OF SEX MALE/FEMALE 1.101A
CAT INTAKE 6/27/22 VERIFIED VACCINATIONS, SPAYED, MICROCHIPPED FEMALE
PEST CONTROL DPW PLACED TRAPS FOR ROACHES NO ACTIVITY
WALL BEHIND DESK AREA AT BASEBOARD IN DISREPAIR 1.3A

CAT ROOM
SHELTER ATTENDANT WEARING GLOVES TO CLEAN
LABLED CAGES BY NUMBERS INFORMATION AT OFFICE AREA AS TO WHAT IS IN EACH CAGE

ISOLATION ROOM - CATS ONLY
HAND WASH SINK
HOT WATER = 90F
SOAP
PAPER TOWELS LACK DISPENSER 1.3A

MEDICINE CABINET
AZITHROMYCIN, DOXYCYCLINE HYCLATE, FLEA & TICK MEDICATIONS
DATES VERIFIED
5 KENNELS TO RIGHT; 2 LACK LABLING, KEEP 7 DAYS IF NO ILLNESS PRESENTS
FLOOR UNCLEAN 1.3F
FOOD OPENED STORED DIRECTLY ON THE FLOOR 1.3C
LITTER STORED PROPERLY

VACCINE REFRIGERATOR
TEMP AIR 41F
EXPIRED DERMATO PLATE DUE 12/19/2017 1.3C

EXTERIOR OF BUILDING AND GROUNDS
MUNICIPAL ANIMAL CONTROL VAN AC4 PLATE MG69855 LACKS MVC INSPECTION STICKER 1.3A
FREEZER HAS DEAD ANIMAL IN A FROZEN STATE

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT

EXTERIOR REAR LARGE DOG AREA
WEEDS NOTED ON LEFT SIDE 1.3A

HAPHAZARD STORAGE OF CAGES 1.3A

OUTSIDE FENCE DOG PLAY AREA HAS 2 DOG BEDS DIRTY TO SIGHT AND HAS STANDING WATER 1.3A PER MANAGER BECKY NOT IN USE

BUILDING ITSELF BY RIGHT SIDE PLAY AREA WINDOW SILL IN DISREPAIR

VERIFIED UNATTENDED DRY FOOD, 2 PLATES OF WET FOOD AND WATER AT DOGLOO 1.3F PER MANAGER THEY ARE ALLOWED TO DO THIS AS PART OF TRAP, NEUTER AND RELEASE (TNR)

SMALL ANIMAL HOLDING AREA OFF OFFICE AREA
ROOM HAS OBJECTIONABLE ODOR 1.3A
ROOM ITSELF REQUIRES THOROUGH CLEANING FOOD STORED DIRECLTY ON FLOOR, BOXES STORED DIRECTLY ON FLOOR,
CAT IN TRAP STORED DIRECTLY ON FLOOR, CAT IN CAGE STORED DIRECTLY ON FLOOR 1.3F, 1.6A, 1.3A
SIDE DOOR TO BUILDING BLOCKED BY DEBRIS AS WELL AS TUB 1.3A
PLASTIC WATER BOTTLE WITH CLEAR LIQUID LABLED RESCUE STORED ON SIDE OF CAGE 1.6A
HANDWASH STATION - NO VIOLATIONS
CHECKED CABINETS NO VIOLATIONS

REST ROOM
VERIFIED SOAP, PAPER TOWELS (BUT NOT IN PROVIDED HOLDER), AND HOT WATER

HALLWAY TO CAT ROOM AND DOG KENNEL
NO VIOLATIONS

DOG KENNEL
NOTE CAGE 8, CAGE 17 LACK IDENTIFICATION OCCUPIED PREVIOUSLY NOTED MANAGER INDICATES OCCUPANT NOTES ARE IN THE OFFICE

BEDDING AND OTHER ITEMS STORED DIRECTLY ON THE FLOOR 1.3A

DOORS TO EXTERIOR NOT PROPERLY SEALED ON BOTTOM 1.8E

RACK WITH TOYS

NEW JERSEY
STATE DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT
FOR FOOD ESTABLISHMENTS

CONTINUATION SHEET

EDISON DIVISION OF HEALTH

SOME TOYS ARE VERY CHEWED UP 1.7B
TOYS STORE ON SAME SHELF OR DIRECTLY BELOW CLEANERS 1.7B

KITCHEN
TWO BAY SINK
FAUCET LEAKS 1.3A
HOT WATER = 117F
PET LITTER STORED DIRECTLY ON THE FLOOR 1.7B
SANITIZING WIPE CONTAINER STORED ON COUNTER 1.7B
HISENSE BRAND FREEZER/REFRIGERATOR
FREEZER -4F DIRTY INSIDE WITH UNCOVERED FOOD 1.3A; 1.7B
REFRIGERATOR = 39F

LAUNDRY/FURNACE ROOM
MOP BUCKET HAS DIRTY WATER 1.3A

REPORT GIVEN TO SHELTER MANAGER REBECCA SNYDER

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

ESTABLISHMENT: EDISON MUNICIPAL ANIMAL SHELTER **Date :** 7/14/2022

Remarks

THE FOLLOWING ARE VIOLATIONS OF NJAC 8.23A UNLESS OTHERWISE NOTED

EXTERIOR
AT LEAST 6 HOUSES WITH STRAW, DOGLOO HAS WET FOOD WITH NUMEROUS AMOUNT OF FLIES AROUND IT AS WELL AS UNATTENDED DRY FOOD AND WATER VIOLATION OF EDISON TOWNSHIP CODE CHAPTER 12 SECTION 7.1F ALL SHALL BE REMOVED FROM THE PREMISE AND KEPT REMOVED IN THE FUTURE AT ALL TIMES PRIOR TO CHANGE OF CONDITIONALLY SATISFACTORY RATING
HAPHAZARD STORAGE OF UNUSED CAGES 1.3A
WEEDS PRESENT BY EXTERIOR DOG KENNEL AREA 1.3A

ENTRY AREA
HAPHAZARD STORAGE OF ITEMS BY FRONT ENTRY
IN PLEXIGLASS BULLETIN BOARD IS SATISFACTORY PLACARD FROM MARIA TOMAROS 10/31/18 INSPECTION WHICH SHALL REMOVED IMMEDIATELY 1.3A

OFFICE AREA
ROOM HAS OBJECTIONABLE ODOR 1.2B
VERIFIED CONDITONALLY SATISFACTORY EVALUATION PLACARD POSTED FROM 6/28/22 REPORT

SMALL ANIMAL ROOM
ROOM HAS VERY OBJECTIONABLE ODOR 1.3A

BATHROOM
PAPER TOWELS PROVIDED BUT NOT IN HOLDER 1.3A

DOG KENNEL
MANY TOYS EXTREMELY CHEWED AND SHALL BE DISCARDED AS NOT ABLE TO SANITIZE 1.7B
MANY ITEMS BY PLASTIC STORAGE RACK STORED DIRECTLY ON THE FLOOR 1.3A
GAP STILL PRESENT AT EXIT DOORS IN DOG KENNEL AREA TO EXTERIOR 1.8E

HALLWAY TO DOG KENNEL AND CAT ROOM
NO VIOLATIONS

ISOLATION ROOM
DOXYCYCLINE EXPIRED 6/4/22
DEAD FLY NOTED IN REFRIGERATOR
FEELINE FERCP VACCINE EXPIRED 5/30/22 (DISCARDED BY STAFF)

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

PAPER TOWELS PRESENT BUT DO NOT FIT IN DISPENSER PROVIDED 1.3A

KITCHEN
FAUCET LEAKS AS WELL AS PIPE BELOW SINK 1.3A
FREEZER INTERIOR DIRTY 1.3A; 1.7B

FURNACE ROOM
NO VIOLATIONS

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF PERSON RECEIVING REPORT