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MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT  
 ANIMAL INDUSTRY DIVISION  
 P.O. BOX 30017, LANSING, MI 48909  
 www.michigan.gov/animalshelters

Work Order No:

97080

## ANIMAL SHELTER INSPECTION

(In accordance with Act 287, PA 1969 as amended)

Date of Inspection:

10/24/13 (1 of 2)

☐ PRE-REGISTRATION INITIAL INSPECTION ☐ PRE-REGISTRATION REINSPECTION ☐ ROUTINE ☒ ROUTINE RE-INSPECTION ☐ COMPLAINT ☐ OTHER

Full Legal Name of the Shelter: Harbor Humane Society			Shelter Manager: Jeff Steigman (interim) <span style="float: right;">New? <input checked="" type="checkbox"/></span>		
Physical Address: 14345 Bagley street		City: West Olive	State: MI	Zip Code: 49460	County: Ottawa
Mailing Address (if different) Same <span style="float: right;">New? <input type="checkbox"/></span>		City (Mailing)	State:	Zip Code:	Phone: <span style="float: right;">New? <input type="checkbox"/></span>

SHELTER VETERINARIAN(S) INFORMATION					
NEW? <input type="checkbox"/> IF shelter has a new/additional veterinarian, check box and complete all the information in the following section. If the existing shelter veterinarian(s) of record has new information please update new information in following section and annotate* for new information					
Name: Same (*shelter vet to change soon)		Address:		City:	State: MI
Legal Name of the Business/Practice/Clinic (if applicable):		Phone:		Fax:	Email:
Shelter will notify MDARD of this change when it occurs.					

Requires re-inspection: No? <input type="checkbox"/> Yes? <input checked="" type="checkbox"/>	IF YES, Inspection will be conducted on or after: 11/07/13 (Month) / (Day) / (Year)	Additional documents accompanying this report : Photographs ? <input checked="" type="checkbox"/> Samples ? <input type="checkbox"/> Records ? <input type="checkbox"/> Other Documents ? <input type="checkbox"/>
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## SCOPE OF INSPECTION

☒ BUILDINGS ☒ PRIMARY ENCLOSURES ☒ ANIMAL CARE ☒ STAFFING ☐ RECORDS ☐ VEHICLES ☐ OTHER

ITEM NO.	ISSUE(S) OF CONCERN
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Issues of concern are listed below. Refer to the reverse of this page for the details of the requirements. All items must be corrected by the next inspection unless annotated below with a specific due date.

## ISSUES FROM PREVIOUS INSPECTION AND CURRENT STATUS:

- |                          |   |
|--------------------------|---|
| 7                        | Current staffing seems adequate. Facility is much cleaner than during previous visits.  |
| 8a                       | All walls and flooring areas of concern from previous inspection have been repainted. Wood doors have been sealed in the cat room. All wood has been removed from cat isolation room and plywood removed from the garage. Animals are no longer housed in the laundry room. |
| 8c                       | Cat crates no longer stacked in the lobby, thus no spilled food/water from one crate to another.  |
| 8d                       | No evidence of loose wires on kennels.  |
| 8e/g                     | No evidence of overcrowding in cat cages.   |
| 8f                       | Cat perches provided where needed.  |
| 10a/b                    | Facility has changed cleaning protocols. More spot cleaning is done to prevent cross contamination of animals. Plans are to remove all dogs from the kennel area in order to clean the entire room at once.   |
| 11b/c                    | See 8a above.   |
| 13b                      | Ventilation improved in areas of concern. Non-working fans/air exchangers have been fixed.  |
| 13c                      | Adequate ventilation with no evidence of overcrowding in cat cages.   |
| 13d                      | Lighting was fixed/improved in the isolation room. Overall improved lighting in the facility.   |
| (inspection page 1 of 2) |   |

Be advised that failure to correct items annotated in this report may be cause for further action by the Michigan Department of Agriculture & Rural Development. You are encouraged to contact us with questions and requests for time extensions by contacting your local MDARD staff or the Animal Shelter Program Manager as soon as possible.

Copy Received/Mailed/E-mailed To: 	Title: Operations Director	Date Received/Mailed/E-mail:
MDARD Staff (printed): Dr. Susan Baer/Jeffrey A. Schaner	MDARD Staff signature: 	Date: 10/24/13



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## ANIMAL SHELTER INSPECTION

(In accordance with Act 287, PA 1969 as amended)

Date of Inspection:

10/24/13 (2 of 2)

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Photographs ? ☒ Samples ? ☐ Records ? ☐  
Other Documents ? ☐

## SCOPE OF INSPECTION

☒ BUILDINGS ☒ PRIMARY ENCLOSURES ☒ ANIMAL CARE ☒ STAFFING ☐ RECORDS ☐ VEHICLES ☐ OTHER

ITEM NO.

## ISSUE(S) OF CONCERN

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## ISSUES FROM CURRENT INSPECTION:

- 9c Overall food storage was adequate. Upon inspection 1 treat box in the admitting area and multiple food bags in the surgery recovery room were open. Open food bags/boxes should be sealed or stored in closed containers to prevent contamination and attraction of pests.
- 11a The doors leading to the outside in the cat isolation room and in the dog kennel area are in poor repair. Water running off the roof of the facility is leaking under the doors and into both rooms. Address water entering these animal areas of the building.
- 13d Poor lighting in the recovery room. Replace/fix the light that is out.

(inspection page 2 of 2)

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MDARD Staff signature:

Date:

Dr. Susan Baer/Jeffrey A. Schaner

Operations Director

10/24/13