

Town of Kearny

Department of Public Health • Walter J. Nicol Health Center

645 Kearny Avenue, Kearny, New Jersey 07032 **Phone (201) 997-0600 • Fax (201) 997-9703**

WWW.KEARNYNJ.ORG

Kenneth R. Pincus, Health Officer

1. SITE ADDRESS:		OWNER'S NAME: ADDRESS:		
		EMAIL: PHONE:		
2. INITIAL DATE OF TREATME	NT:			
LICENSED EXTERMINATOR ADDRESSES:				
PHONE:	STATE LICENSE#:			

	FOR HEAL	TH DEPARTMENT	USE ONLY	
HEALTH DEPARTMENT WITNI				
TIME OF INSPECTION:				
TYPE OF BAIT:				
LOCATION OF BAIT:		N		
	W			E
		S		
3. RE INSPECTION DATE:			TIME:	
VERMIN ACTIVITY (if none, s	state none):			
LOGATION OF ACTIVITY				
LOCATION OF ACTIVITY:	NO	D.A.T.		
RE INSPECT: YES			E:	
4. RELEASE APPROVED BY H	IEALTH DEPARTN	MENT: DATE: SIGNED:		
		SIGNED.		