



CAMP INSPECTION REPORT
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF GENERAL ENVIRONMENTAL HEALTH

000017

ESTABLISHMENT	FIELD NO.	CO. NO.	DATE	SCORE <hr style="width: 50%; margin: auto;"/> /100
LOCATION	STAFF ID		EST. NO.	
CITY, STATE, ZIP	TYPE: () Day () Resident () Primitive () Travel () Other		PURPOSE () 1. Complete () 4. Consultation () 2. Follow-up () 5. Investigation () 3. Complaint () 6. Other	
OWNER-OPERATOR	FOLLOW-UP () YES REQUIRED () NO		INSPECTION LENGTH (Hrs./Min.)	Number of Campers Daily

WATER SUPPLY, ICE

*1.	Source, adequate	5
2.	Storage; clean, properly handled	2

DRINKING FACILITIES

3.	Approved, adequate, adjusted, repair, clean	2
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SEWAGE DISPOSAL / PLUMBING

*4.	Approved, functioning properly	5
*5.	Backflow	5
6.	Approved sanitary station, provided as required / Approved sewer connections	2

SOLID WASTE

7.	Containers approved, adequate	2
8.	Good repair, clean	2
9.	Storage area and premises clean	2
10.	Disposal frequency adequate	1
11.	Site well drained	2

SPACES, STRUCTURES, BEDDING

12.	Structures, beds, and individual units properly spaced	1
13.	Floor space adequate, proper ventilation	2
14.	Floors, walls, ceilings / clean, good repair	2
15.	Personal storage provided, clean, good repair	1
16.	Bedding clean, good repair	2
17.	Mattress cover provided	2
18.	Lighting / fixtures adequate	2
19.	Guest room doors, self-closing	1
20.	Bunk beds, equipped usage	2
21.	Travel camp spaces identified	2

SAFETY

*22.	Fire extinguishers, smoke detectors, fire alarms; installed, number maintained	5
*23.	Exits marked, lighted, unobstructed, evacuation plans	5
24.	Curtains, draperies, fire resistant	2
*25.	Visible electrical hazards	5
*26.	Hazardous chemicals, including inflammable; marked and stored properly	5
27.	Animals under control	2
*28.	Storage areas maintained, flammable equipment properly stored	4

NATURAL SWIMMING AREA

*29.	Depth, boundaries marked / lifesaving equipment provided	5
*30.	Underwater hazards, vegetative growth or pollution	5

RESTROOMS / BATHING FACILITIES / FIXTURES

31.	Number, designed, installed	2
32.	Lighting adequate	2
33.	Floor, walls ceilings and attachments; clean, good repair	2
34.	Toilet tissue provide	1
35.	Waste receptacle clean, covered, fire resistant	2

HEALTH, DISEASE, REGISTRATION

*36.	Telephone available, first aid kit available	5
37.	Occupant register maintained, preserved	1

ADMINISTRATION

**38.	Current permit posted	0
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Failure to correct any violations of critical items within ten (10) days may result in suspension of your camp permit. Repeated violation of identical critical item category may result in revocation of your camp permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the camp permit in a conspicuous manner. You have the right to appeal any citation by filing a written request to the Director within ten (10) days of this report. You also have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 62-110-103, 68-110-106 and 4-5-320.

REMARKS: _____

Signature of Person in Charge _____

Date of Signature _____

By _____ Environmentalist

Time in/out _____ a.m. p.m.

* Identifies critical items
 ** Identifies misdemeanor violations

Dist. List 2nd - Data Entry
 1st - Local File 3rd - Operator, Manager