

N.C. Department of Health and Human Services  
 Division of Public Health  
 Environmental Health Section  
**Inspection of Primitive Experience Camp**

Please Mark as Appropriate  
 Approved  Disapproved  
 Date of Insp/Chg \_\_\_\_\_  
 Status Code: \_\_\_\_\_

Health Department \_\_\_\_\_  
 Current Facility ID \_\_\_\_\_  
 Old Facility ID \_\_\_\_\_

**Water Supply:**  Municipal/Community  On-Site **Water sample taken today?**  YES  NO  
 Inspection  Name Change  
**Wastewater System:**  Community  On-Site Systems  YES  NO  Re-Inspection  Verification of Closure  
 Visit  Status Change

**Name of Primitive Camp:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Season Opens \_\_\_\_\_ Season Closes \_\_\_\_\_ Boys # \_\_\_\_\_ Girls # \_\_\_\_\_ Employees # \_\_\_\_\_ Present Attendance # \_\_\_\_\_ Maximum Attendance # \_\_\_\_\_

	Meets Rule Requirements				COMMENTS/CORRECTIONS
	YES	NO	Corrected	Not Observed	
<b>* Approved Plan of Operations Followed as Written (.3503)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Specific Requirements for Primitive Base Camps (.3505)</b>					
1. Camp structures clean; in good repair. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Bedding washed or laundered between users; in good repair. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Garbage & solid wastes stored & disposed of in approved manner. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Toilet facilities provided, convenient, readily accessible at base camp. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Sewage disposed of in an approved manner. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Field Sanitation and Sanitizing Procedures (.3506, .3507)</b>					
6. Food utensils & equipment clean; in good repair. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Food contact surfaces properly constructed. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Multi-use utensils for individual use not reassigned or reused, constructed of non-toxic materials, cleaned separately. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Cleaning & sanitizing of shared multi-use utensils. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Off-site drinking water from approved source, stored in clean containers, bactericidal methods provided for treatment if required. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Water for cleaning of utensils & equipment from approved source. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Proper handwashing for food preparers. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Toxic items properly labeled; no contamination of food or equipment. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Approved human waste disposal facilities provided or written procedures provided, approved & followed. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Food Protection (.3506, .3511, .3512, .3513, .3514, .3515)</b>					
15. Food from approved sources; properly identified. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Food clean, wholesome, free from adulteration & spoilage, safe for consumption. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Potentially hazardous foods stored in a sanitary manner; no cross-contamination. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Milk, ice, eggs and egg products properly handled, dispensed & stored. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Shellfish stored in original container, properly labeled & handled; tags retained 90 days. Consumer Advisory conspicuously posted. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Foods held at proper temperature. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Foods properly thawed, cooked to minimum temperatures. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Cooked food consumed within 2 hours. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Food thermometer available and used. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Food service sanitation program completed within the past 3 years. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Proper handwashing, no tobacco use. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Food handlers with no disease transmitted by foods. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Water Supply, Drinking Water Facilities, Swimming Pools (.3508, .3509, .3510)</b>					
27. Base Camp water supply meets 1700 rules, water samples acceptable. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Hot & cold water provided in sufficient quantity & where required. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. No cross connections. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Drinking water facilities acceptable. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Swimming pools permitted under 15A NCAC 18A .2500. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Vermin Control and Miscellaneous (.3516, .3517)</b>					
32. Approved pesticides properly used. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Stables location acceptable; manure properly stored, removed or disposed of. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Hazardous materials properly handled and stored. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Protective railings, fences or similar enclosures kept in good repair. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signed \_\_\_\_\_ Agent Report Received by: \_\_\_\_\_

Purpose: General Statute 130A-248 requires the Commission for Public Health to adopt rules governing the sanitation of facilities where food or drink is provided or served for pay. 15A NCAC 18A .3504 specified the contents of an inspection form to record the results of inspections made of such facilities. This form is developed to be used in making inspections of Primitive Experience Camps and other similar establishments. Preparation: Local environmental health specialists shall complete the form every time an inspection is conducted. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Section. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00).

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 Inspection  Name Change  
**Wastewater System:**  Community  On-Site Systems  YES  NO  Re-Inspection  Verification of Closure  
 Visit  Status Change  
 \* Seasonal Permit Issued \*

**Name of Primitive Camp:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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