

Score: _____

Date of Insp/Chg _____

Status Code: _____

Health Department _____

Facility ID _____

Old Facility ID _____

Water Supply: Community Non-Public Water Supply Transient Non-Community Non-Transient Non-Community

Wastewater System: Community On-Site

*** Seasonal Permit Issued *** Inspection Verification of Closure Name Change Visit Status Change

Water sample taken today? YES NO

Name of Resident Camp: _____ **Manager:** _____

Location Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Season Opens	Season Closes	# Boys	# Girls	# Employees	# Present Attendance	# Maximum Attendance
--------------	---------------	--------	---------	-------------	----------------------	----------------------

	Deduction Full/Half (Circle One)		Comments
SITE: (.3608 - .3612)			
1. Site factors for camp facilities and activities and actual or potential health hazards	1.0	0.5	_____
2. Water supply, hot and cold water heating facilities in food preparation, utensil and hand washing, and areas required for cleaning	3.0	1.5	_____
3. Cross connections	3.0	1.5	_____
4. Wastewater disposal	4.0	2.0	_____
5. Solid waste storage and cleaning facilities	2.0	1.0	_____
6. Swimming Pools	1.0	0.5	_____
CAMP BUILDINGS/AREAS: (.3613 - .3617)			
7. Camp floors, walls ceilings; construction, cleanliness and repair	1.0	0.5	_____
8. Lighting and ventilation: adequate and in good repair	1.0	0.5	_____
9. Sleeping quarters, lodging, arrangement, cleanliness and repair	2.0	1.0	_____
10. Vermin exclusion	2.0	1.0	_____
11. Storage, handling of clean and dirty linen and clothing	1.0	0.5	_____
12. Lavatories, bathing & toilet facilities: approved, accessible, adequate, clean, good repair	2.0	1.0	_____
13. Laundry facilities clean, good repair, properly handled	1.0	0.5	_____
14. Drinking water facilities: approved and clean	2.0	1.0	_____
15. Pesticides and potentially hazardous materials: storage and handling	2.0	1.0	_____
16. Premises clean; drained; free of vermin harborage; approved pesticides only	1.0	0.5	_____
17. Animal stables: properly located and approved manure storage and removal	2.0	1.0	_____
FOOD SERVICE: (.3618 - .3638)			
18. Food service facilities & dining halls: adequate size and construction	1.0	0.5	_____
19. Caterer approved	2.0	1.0	_____
20. Field Sanitation: written procedures available and approved	3.0	1.5	_____
21. Employees: clothing, hair restraints, tobacco use	1.0	0.5	_____
22. Employees: proper handwashing	4.0	2.0	_____
23. Employees: excluded for disease	3.0	1.0	_____
24. Food Protection: Supplies: source, wholesome, safe for consumption, handling, service and transportation	4.0	2.0	_____
25. Food Protection: During service and storage	3.0	1.5	_____
26. Food Protection: Dry food storage	1.0	0.5	_____
27. Food Protection: Milk and Milk products	2.0	1.0	_____
28. Food Protection: Ice: source, storage and handling	2.0	1.0	_____
29. Food Protection: Shellfish: source, preparation, storage; advisory posted	2.0	1.0	_____
30. Refrigeration: adequate, foods at required temperatures; proper thawing	2.0	1.0	_____
31. Use of anti-bacterial soap, gloves, sanitized surfaces, washing of produce	3.0	1.5	_____
32. Foods meet time and temperature requirements during storage, preparation, cooking, display, service, and transportation	4.0	2.0	_____
33. Thermometer available for checking food temperatures	2.0	1.0	_____
34. No re-service of foods	2.0	1.0	_____
35. Equipment and Utensils: approved construction, good repair, clean	3.0	1.5	_____
36. Equipment and Utensils: washed, rinsed, and sanitized, cloths clean	4.0	2.0	_____
37. Approved dishwashing facilities, test kits, methods, preparation sinks when required	3.0	1.5	_____
38. Adequate hot water facilities for food service needs	3.0	1.5	_____
39. Storage and handling of utensils and equipment	2.0	1.0	_____
40. Storage spaces clean, arrangement, stored above floor	1.0	0.5	_____
41. Food Service Facilities: lighting meets minimum levels, shielded	1.0	0.5	_____
42. Food Service Facilities: ventilation clean, good repair	1.0	0.5	_____
43. Food Service Facilities: lavatories: location, approved facilities, clean, repair	3.0	1.5	_____
44. Food Service Facilities: toilet facilities: location, construction, signs, storage, fly exclusion, clean, repair	1.0	0.5	_____
45. Food Service Facilities: Floors: proper construction, good repair, clean	1.0	0.5	_____
46. Food Service Facilities: Walls, Ceilings: proper construction, good repair, clean	1.0	0.5	_____
47. Premises, Miscellaneous: approved use of specialty kitchens, no domestic use	1.0	0.5	_____
48. Premises, Miscellaneous: toxic materials, food service laundry, mop & broom storage	1.0	0.5	_____
49. Food Service Facilities: no live animals, effective pest control	2.0	1.0	_____

TOTAL DEDUCTIONS _____ **Report Received by:** _____

Inspection by: _____ **REHS I.D.#** _____

Purpose: General Statute 130A-248 requires the Commission for Public Health to adopt rules governing the sanitation of facilities where food or drink is prepared or served for pay or where lodging is provided for pay. This form is developed for use in making inspections of Resident Camps. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the camp director or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section. **Disposition:** Please refer to Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Historical Resources. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00)