

IDENTIFICATION	
Camp Name	Permanent Camp ID Number
Name of Owner, Partner or Corporation	Telephone Number
Camp Location Address	

GENERAL

YES NO N/A (Check "Yes" if conforming with provisions of standards; N/A if Not Applicable)

Written job descriptions, disciplinary policy, personnel policies and procedures, emergency procedures for fire, natural disasters, etc., personal data and emergency information for campers and staff, daily health surveillance procedures; lost camper drills and proof of liability insurance.

Name of Insurance Carrier *Policy Number* *Expiration Date*

Building and grounds maintained in good condition and in compliance with local ordinances and state regulations.

Proper ratio of adults and counselors to campers.

Actual Ratio: _____ : _____
Adults/Adult Counselors *Campers*

Camp administrator or director meets age and experience requirements.

Name of Camp Director *Age* *Years Camping Experience*

Appropriate first aid course, bound medical log maintained and staff members instructed in basics of first aid.

Name of Health Director

Health Director's Certifications *Expiration Date*

Name of Directing Physician (if applicable) *Name of Emergency Medical Center*

Written health history available for campers and staff.

Emergency drills practiced as required, hazardous substances safely stored, fire fighting equipment readily accessible, and applicable fire safety regulations met.

_____ / _____ / _____ _____ / _____ / _____
Date of Last Fire Inspection *Date Fire Ext. Last Serviced*

Children transported in accordance with Division of Motor Vehicles Services regulations and camp safety standards.

Vehicle Plate Number *Date of Inspection*

_____ / _____
 _____ / _____
 _____ / _____

(If more than three (3) vehicles, attach continuation sheet.)

**YOUTH CAMP SELF-INSPECTION REPORT (FOR YOUTH CAMP OPERATORS)
(CONTINUED)**

Camp Name	Permanent Camp ID Number
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GENERAL, CONTINUED

YES NO N/A (Check "Yes" if conforming with provisions of standards; N/A if Not Applicable)

	<i>Name of Driver</i>	<i>Type of License</i>	<i>License Expiration Date</i>
	_____	_____	/
	_____	_____	/
	_____	_____	/

(If more than three (3) drivers, attach continuation sheet.)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and solid waste disposal in accordance with local ordinances and state regulations so as not to create a public health nuisance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets, lavatories and showers provided and maintained in accordance with local ordinance and state regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food service and water supply meet the requirements of Chapter XII of the State Sanitary Code and the New Jersey Safe Drinking Water Act. |

_____	_____
<i>Date of Last Food Service Inspection</i>	<i>Rating</i>
_____	_____
<i>Date of Last Potable Water Sample</i>	<i>Results (Total Coliform per 100 ml)</i>

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Measures taken to assure camp controls fly and mosquito breeding, rodent activity and noxious weeds. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Farm and domestic animals maintained in a manner so as not to create a public health nuisance. |

SWIMMING

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swimming pool conforms with Chapter IX, Public Recreational Bathing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swimming pool and/or lake bathing waters samples and evaluated for water quality. |

_____	_____	
<i>Name of Lab Conducting Bacteriological Testing (BT)</i>	<i>Type Disinfectant Used</i>	
_____	_____	
<i>Date</i>	<i>First BT Test Results</i>	
Chemical parameters at time of inspection:		
_____	_____	_____
<i>pH</i>	<i>Cyanuric Acid (PPM)</i>	<i>Bromine (PPM)</i>
_____	_____	_____
<i>Free Chlorine (PPM)</i>	<i>Combined Chlorine (PPM)</i>	<i>Other</i>

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swimming area maintained in safe condition, properly delineated based on swimmer ability and lifesaving equipment provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waterfront activities supervised by appropriately certified lifeguard personnel. |

<i>Name of Lifeguard</i>	<i>Type of Certification</i>	<i>Expiration Date</i>
_____	_____	/
_____	_____	/
_____	_____	/

(If more than three (3) lifeguards, attach continuation sheet.)

<i>Name of First Aider at Swim Area</i>	<i>Certification</i>	<i>Expiration Date</i>
_____	_____	/
_____	_____	/

**YOUTH CAMP SELF-INSPECTION REPORT (FOR YOUTH CAMP OPERATORS)
(CONTINUED)**

Camp Name	Permanent Camp ID Number
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SWIMMING, CONTINUED

YES	NO	N/A	<i>(Check "Yes" if conforming with provisions of standards; N/A if Not Applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid equipment provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Campers tested to determine swimming ability, confined to an area equal to their swimming skill.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buddy checks conducted every 10 minutes.

HAZARDOUS ACTIVITIES (ARCHERY, RIFLERY, HORSEBACK RIDING, ROPE COURSE, ETC.)

<i>Name of Activity</i>	<i>Name of Adult Specialist</i>	<i>Qualifications</i>
_____	_____	/
_____	_____	/
_____	_____	/
_____	_____	/
_____	_____	/
_____	_____	/
_____	_____	/

BOATING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watercraft activities supervised by appropriate personnel and all participants wear approved Type I, II or III foam filled Personal Flotation Devices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lake boating supervised by adult and an advanced lifesaver patrolling the boating area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boating on streams and rivers supervised by adult with demonstrated boating experience (Small Craft Instructor, BSA Aquatics Instructor, educational training or other) and Advanced Lifesaver.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type I, II or III foam-filled Personal Flotation Devices worn by all boating participants.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boating activities not conducted in swimming area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommend that a person with at least standard first aid and CPR accompany all out of camp boating trips.

CERTIFICATION

I have reviewed the camp policies, procedures, staffing and physical facilities to determine compliance with the provisions of the New Jersey Youth Camp Safety Act and Standards and I certify that this camp meets these standards.

I realize that I will be liable for a fine not to exceed \$1,000 for any violation of the New Jersey Youth Camp Safety Act or of any rule or regulation duly issued thereunto or order issued pursuant thereto.

I certify that the information provided in this report is true, complete and correct to the best of my knowledge and belief.

Name of Person Completing Report (Print or Type)	Title
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Signature	Date
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