



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services
Work Camp Inspection Report

Date _____

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Camp Name _____ License _____ Owner _____
 Manager _____ Phone _____ Number of Sleeping Units/Sites _____ Max Number of Persons _____
 Location Address _____ City _____ County _____
 Inspection Purpose: Regular _____ Follow-up _____ Complaint _____ Illness Investigation _____ Pre-opening _____ Other _____

<i>REQUIREMENT (REFERENCE ARM TITLE 37, CHAPTER 111, SUBCHAPTER 6)</i>	IN	OUT	NOT OBSERVED	N/A
Construction/alteration/addition plans reviewed, in compliance.				
Water supply meets ARM 17.38.1,2,5, Circular 84-11, Circular 11, Circular 17. Public water supply, <i>PWSID#</i> : _____ If private, quarterly coliform tests taken. <i>Date of last test</i> : _____ <i>Results</i> : _____ Water supply repaired/replaced if contaminated/not adequate. Common water station w/ hydrant, backflow protected, no access for holding tank flushing. Riser pipes protected, elevated $\geq 4"$, diameter $\geq \frac{3}{4}"$, frost-free, backflow protected. Outlets turned off, capped when not in use.				
Wastewater system meets ARM 17.38.1, Circular 84-10, Circular 13. <i>DEQ or local permit #</i> : _____ Liquid waste from sink, shower, bath disposed in approved wastewater system. Replaced/repared if failed, contaminating potable water supply/state waters. Riser pipe diameter $\geq 4"$, $\geq 6'$ from water, sloped from surface water, tamper resistant airtight cap. Trailer connection $\geq 3"$, slope $\geq \frac{1}{4}"$ /ft, no branching, watertight, no flex hose if ≥ 14 days. Dump station/100 trailer space, diameter $\geq 4"$, concrete 4' sloped to drain, self-closing cover. Dump station water w/ anti-back-siphoning, non-potable sign. Central toilet/10 people, $\leq 300'$ from sleeping or location approved.				
Solid waste containers adequate, cleaned, no tipping, w/in 150 ft. Stands facilitate cleaning. Weekly removal to approved landfill, in covered containers/vehicles.				
Food free of spoilage/contamination, from approved sources, no home canning. Washed/cooked as necessary. Held at $\leq 45^\circ\text{F}$ or $\geq 140^\circ\text{F}$. Safe thawing. Food/utensils protected from contamination, clean & sanitized. Utensil materials approved. Food workers w/o food-carried disease, personal cleanliness, good hygienic practices. Washing/sanitizing facilities adequate. Food-contact surface materials approved & clean. Floors/walls/ceilings/equipment/storage areas smooth, washable, in good repair & clean.				
Individual/family use kitchens w/ adequate washing & cooking facilities, storage & prep space. Refrigeration $\leq 45^\circ\text{F}$.				
Shelter ≥ 10 footcandles. Furnishings movable or mounted to allow cleaning. Floors/walls/ceilings/furnishings/equipment good repair, hazard-free, clean. Floors/walls/ceilings of rooms subject to moisture smooth, non-absorbent. Shower/bath anti-slip. Toilet & handwashing facilities provided, clean. Water temp $\leq 120^\circ\text{F}$. Cleaning supplies sufficient, available to residents.				
Living quarters cleaned, repaired between residents. <i>(If provided)</i> Housekeeping & maintenance service daily. Bedding, towels, washcloths provided clean/good repair. Changed between residents. Bed linen provided at least weekly. Towels, washcloths provided at least daily. Janitor room clean, ventilated, odor-free. Mop heads laundered. Cleaning supplies not washed/rinsed in toilet/bathtub/shower/handsink. Cleaners contain fungicide/germicide, separated by purpose to prevent contamination. Dry dusting/mopping prohibited. Deodorizer not used unless rooms are clean. Cleaners/pesticides stored, used, disposed of according to manufacturer's instructions.				
Insect/rodent/vermin harborage eliminated, control methods safe. No noxious plants. <i>(If provided)</i> Laundry washed $\geq 130^\circ\text{F}$ for ≥ 8 min, dried/ironed $\geq 150^\circ\text{F}$. Dryers vented. Separation of sorting/storing/transporting clean & dirty laundry. Clean laundry protected. Hand sink w/ soap, disposable towels. Water temp 100-120 $^\circ\text{F}$. <i>May double as soak sink.</i>				
Abandonment w/o hazards. Septic tanks, privy vaults, cisterns removed/emptied/filled.				

Report Received By _____ Title _____

Inspector _____ Phone _____ Follow-up inspection required: Yes / No
 Email _____