



**STATE OF MONTANA**  
**Food & Consumer Safety Section**  
**Department of Public Health & Human Services**

Date \_\_\_\_\_

**Youth Camp Inspection Report**

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Camp Name \_\_\_\_\_ License \_\_\_\_\_ Owner \_\_\_\_\_  
 Manager \_\_\_\_\_ Phone \_\_\_\_\_ Max Number of Persons (staff, volunteers, youth) \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Inspection Purpose: Regular \_\_\_\_\_ Follow-up \_\_\_\_\_ Complaint \_\_\_\_\_ Illness Investigation \_\_\_\_\_ Pre-opening \_\_\_\_\_ Other \_\_\_\_\_

<i>REQUIREMENT (REFERENCE ARM TITLE 37, CHAPTER 111, SUBCHAPTER 5)</i>	IN	OUT	NOT OBSERVED	N/A
<b>Construction/alteration/addition</b> plans reviewed, in compliance.				
<b>Water supply</b> 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.				
<b>Wastewater system</b> meets ARM 17.38.1, Circular 84-10, Circular 13. DEQ or local permit #: _____ 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 $\geq 14$ 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.				
<b>Solid waste</b> containers adequate, cleaned, protected from tipping. Stands facilitate cleaning. Weekly removal to approved landfill, in covered containers/vehicles.				
<b>Food service</b> licensed if serving people not members of private organization. Meets 37.110.2. Food free of spoilage/contamination, approved sources, no home-canning. Food washed, cooked as necessary. Held at $\leq 45^{\circ}F$ or $\geq 140^{\circ}F$ . Safe thawing. Food/utensils protected from contamination, cleaned & sanitized. Utensil materials approved. Food workers w/o food-carried disease, personal cleanliness, good hygienic practices. Washing/sanitizing facilities adequate. Approved food-contact surfaces. Kitchen/food storage floors/walls/ceilings smooth, washable, in good repair & clean.				
<b>Swimming area/pool/spa</b> meets 37.110.10, 11.				
<b>Laundry</b> washed $\geq 130^{\circ}F$ for $\geq 8$ min, dried/ironed $> 150^{\circ}F$ , or alternative approved. Driers vented. Facilities clean. Separation of sorting/storing/transporting clean & dirty laundry. Clean laundry protected. Hand sink w/ soap, disposable towels. <i>May double as soak sink.</i>				
<b>Maintenance</b> program for clean & safe conditions. Manual provided to leaser. Structures/furnishings/fixtures/bedding clean & in good repair. Furnishings movable or mounted to allow cleaning. Storage space adequate for bedding/furnishings. Cleaning supplies sufficient. Toxics labeled, not accessible to campers. Mattresses w/ clean cover or disinfected between campers.				
<b>Floors, walls, ceilings</b> of rooms subject to moisture smooth & non-absorbent. Shower floor sloped to drain.				
<b>Communicable disease</b> reported. Register of non-staff w/ name/address/phone/assigned unit. Ill child isolated. Parent requested for pick-up/observation/MD call. 1 <sup>st</sup> aid policy w/ parent phone info, procedures, MD on call, certified person on site. Illness/injury report form completed for death, MD visit, discharge.				
<b>Campsite</b> free of unreasonable hazards. Warning of natural hazards. Equipment maintained in safe condition. Insect/rodent control adequate, approved methods. Vegetation maintained. No noxious weeds.				

Report Received By \_\_\_\_\_ Title \_\_\_\_\_

Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Follow-up inspection required: Yes / No

Email \_\_\_\_\_