



# CAMP INSPECTION REPORT

## TENNESSEE DEPARTMENT OF HEALTH

### DIVISION OF ENVIRONMENTAL HEALTH

<b>ESTABLISHMENT</b> Cedars Of Lebanon State Park Group Lodge		DATE 05/24/23	<b>SCORE</b>   <b><u>90</u> /100</b>
LOCATION 328 Cedars Of Lebanon Rd.	STAFF Paige Bass	EST. NO. 650029926	
CITY, STATE, ZIP Lebanon TN 37090	TYPE Resident Camp 100+	PURPOSE Routine	
PERMITTEE		FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF CAMPERS PER DAY

#### WATER SUPPLY, ICE

* 1.	Source, adequate	5
2.	Storage; clean, properly handled	2

#### DRINKING FACILITIES

3.	Approved, adequate, adjusted, repair, clean	2
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#### SEWAGE DISPOSAL / PLUMBING

* 4.	Approved, functioning properly	5
* 5.	Backflow	5
6.	Approved sanitary station, provided as required / Approved sewer connections	2

#### SOLID WASTE

7.	Containers approved, adequate	2
8.	Good repair, clean	2
9.	Storage area and premises clean	2
10.	Disposal frequency adequate	1
11.	Site well drained	2

#### SPACES, STRUCTURES, BEDDING

12.	Structures, beds, and individual units properly spaced	1
13.	Floor space adequate, proper ventilation	2
14.	Floors, walls, ceilings / clean, good repair	2
15.	Personal storage provided, clean, good repair	1
16.	Bedding clean, good repair	2
17.	Mattress cover provided	2
18.	Lighting / fixtures adequate	2
19.	Guest room doors, self-closing	1
20.	Bunk beds, equipped usage	2
21.	Travel camp spaces identified	2

#### SAFETY

* 22.	Fire extinguishers, smoke detectors, fire alarms; installed, number maintained	5
* 23.	Exits marked, lighted, unobstructed, evacuation plans	5
24.	Curtains, draperies, fire resistant	2
* 25.	Visible electrical hazards	5
* 26.	Hazardous chemicals, including inflammable; marked and stored properly	5
27.	Animals under control	2
* 28.	Storage areas maintained, flammable equipment properly stored	4

#### NATURAL SWIMMING AREA

* 29.	Depth, boundaries marked / lifesaving equipment provided	5
* 30.	Underwater hazards, vegetative growth or pollution	5

#### RESTROOMS / BATHING FACILITIES / FIXTURES

31.	Number, designed, installed	2
32.	Lighting adequate	2
33.	Floor, walls ceilings and attachments; clean, good repair	2
34.	Toilet tissue provide	1
35.	Waste receptacle clean, covered, fire resistant	2

#### HEALTH, DISEASE, REGISTRATION

* 36.	Telephone available, first aid kit available	5
37.	Occupant register maintained, preserved	1

#### ADMINISTRATION

** 38.	Current permit posted	0
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\* Identifies critical items

\*\* Identifies misdemeanor violations

Failure to correct any violations of critical items within ten (10) days may result in suspension of your camp permit. Repeated violation of identical critical item category may result in revocation of your camp permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the camp permit in a conspicuous manner. You have the right to appeal any citation by filing a written request to the Director within ten (10) days of this report. You also have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 62-110-103, 68-110-106 and 4-5-320.

Signature of  
Person in Charge

*Zilbi Beck*

By

*Paige Bass*

EHS

Date of Signature

05/24/23

Time in/out

12:42 PM

01:06 PM

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***Establishment Information***

Establishment Name: Cedars Of Lebanon State Park Group Lodge

Establishment Number : 650029926

***Observed Violations***

Total # 5

- 7: Garbage dumpster for group lodge missng lid and dumpster doors are open
- 9: Trash type debris on ground surrounding garbage dumpster area
- 14: Area of floor tile missing on mens side lodging/sleeping area
- 16: Some mattresses with small rips on both womens and mens lodging/sleep area
- 17: No covers provided on mattress

\*\*\*See page at the end of this document for any violations that could not be displayed in this space.

***Additional Comments***

\*\*\*See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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**Observed Violations (cont'd)****Additional Comments (cont'd)**

Source Type: Water

Source: City