



CAMP INSPECTION REPORT

TENNESSEE DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH

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|--|----------------------------|---|--|
| ESTABLISHMENT Rau-Wood Retreat Center | | DATE 08/08/23 | SCORE <u>100</u> /100 |
| LOCATION 8687 Old Harding Pike | STAFF Tommy Eubanks | EST. NO. 650240089 | |
| CITY, STATE, ZIP Nashville TN 37221 | TYPE Resident Camp <100 | PURPOSE Routine | |
| PERMITTEE NASHVILLE LUTHERANS INC DBA RAU-WOOD RE | | FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | NO. OF CAMPERS PER DAY 28 |

WATER SUPPLY, ICE

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

DRINKING FACILITIES

| | | |
|----|---|---|
| 3. | Approved, adequate, adjusted, repair, clean | 2 |
|----|---|---|

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 |
|--------|-----------------------|---|

* 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 Bart Oester
Date of Signature 08/08/23

By Tommy Eubanks EHS
Time in/out 10:05 AM 10:55 AM

Establishment Number : 650240089

| | |
|---------|---|
| Total # | 0 |
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Additional Comments

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

Establishment Information

Establishment Name: Rau-Wood Retreat Center

Establishment Number : 650240089

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