



**CAMP INSPECTION REPORT
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

| | | | |
|--|--------------------------|--|--|
| ESTABLISHMENT Nashville USA / KOA | | DATE 07/16/24 | SCORE <u>N/A</u> /100 |
| LOCATION 2626 Music Valley Dr. | STAFF Ngan Nguyen | EST. NO. 650069232 | |
| CITY, STATE, ZIP Nashville TN 37214 | TYPE Travel Camp 251+ | PURPOSE Complaint | |
| PERMITTEE KAMPGROUNDS OF AMERICA | | FOLLOW-UP REQUIRED <input type="radio"/> YES <input checked="" type="radio"/> NO | NO. OF CAMPERS PER DAY 460 |

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
Date of Signature 07/16/24

By EHS
Time in/out 03:03 PM 03:20 PM



Establishment Information

Establishment Name: Nashville USA / KOA

Establishment Number : 650069232

Observed Violations

Total # 0

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

Additional Comments

Complaint stated that patron was staying at the cabin and was bitten by bed bugs.

Complaint answered.

During the inspection, we inspected all the beds and did not see any bed bugs in the cabin. Only one dead tick was found on the bed. Person in charge will put in a work order for a professional exterminator to make sure that there are no bugs in the cabin.

***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)