

CAMP INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

ESTABLISHMENT Bledsoe Creek State Park							DATE 04/29/22	SCORE	
LOCATION 400 Ziegler Ford Rd. STAFF John Hewitt							EST. NO. 650029899	100 /100	
CITY, STATE, ZIP Gallatin TN 37066 Travel Camp 2				26-75			PURPOSE Routine		
PE	RMI	TTEE					FOLLOW- UP () YES REQUIRED NO	NO. OF CAMPERS PER D	AY
		WATER SUPPLY, ICE			,,		SAFETY		611 - 1
*	1.	Source, adequate Storage; clean, properly handled		5		22.	Fire extinguishers, smoke detectors, fire alarms; installenumber maintained		
		DRINKING FACILITIES		1-1		23.	Exits marked, lighted, unobstructed, evacuation plans		
	Approved, adequate, adjusted, repair, clean			2		24.	Curtains, draperies, fire resistant		
	SEWAGE DISPOSAL / PLUMBING			1-		25.	Visible electrical hazards		
*	4.	. Approved, functioning properly		5		26.	Hazardous chemicals, including inflammable; marked and stored properly		
	5.			5		27.	Animals under control		2
	Approved sanitary station, provided as required / Approved sewer connections			2		28.	Storage areas maintained, flammable equipment properly stored		
		SOLID WASTE			77		NATURAL SWIMMING A	REA	
	7. Containers approved, adequate			2	(*)	29.	Depth, boundaries marked / lifesaving equipment provided		
	Good repair, clean Storage area and premises clean			2		30.	Underwater hazards, vegetative growth or pollution		
				2	_		RESTROOMS / BATHING FA	CILITIES / FIXTURES	IXTURES 2
╙	Disposal frequency adequate			1	_	31.	Number, designed, installed		
11. Site well drained			2		32.	Lighting adequate			
_	-	SPACES, STRUCTURES, BEDDI	White Address of the Party Control of the Party Con	1		33.	Floor, walls ceilings and attachme	ents; clean, good repair	2
-		12. Structures, beds, and individual units properly spaced				34.	Toilet tissue provide		
-	13.					35.	Waste receptacle clean, covered, fire resistant		
-	14.				-		HEALTH, DISEASE, REGISTRATION Telephone available, first aid kit available		
	15. Personal storage provided, clean, good repair			1	*	36.	Telephone available, first aid kit available		
-	16. Bedding clean, good repair		2		37.	The state of the s			
-	17.	Mattress cover provided		2			ADMINISTRATION		
	18.	Lighting / fixtures adequate		2	**	38.	Current permit posted		0
	19.	Guest room doors, self-closing		11	37.4				

21.

Bunk beds, equipped usage

Travel camp spaces identified

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.

EHS

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Signature of Person in Charge		n (Ву	John HA	
Date of Signature	04/29/22	65	Time in/out	01:00 PM	01:50 PM

^{*} Identifies critical items

^{**} Identifies misdemeanor violations

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Establishment Information



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bserved Violations		
otal # 0		
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See page at the end of this document for any violat	ions that could not be displayed in this spa	ce.
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^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Source: City			
	Source: City	Source: City	Source: City

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