

CAMP INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

ESTABLISHMENT YMCA DAYCAMP @ NORTHWEST		DATE 07/30/24	SCORE
LOCATION	STAFF	EST. NO.	100/100
3700 ASHLAND CITY HWY	Jovian Hudson	650240117	
CITY, STATE, ZIP	TYPE	PURPOSE	
Nashville TN 37218	Day Camp	Routine	
PERMITTEE YMCA OF MIDDLE TENNESSEE/ ATTN: BILLING		FOLLOW-UP () YE REQUIRED () NO	

WATER SUPPLY, ICE 1. Source, adequate 5 2 2. Storage; clean, properly handled DRINKING FACILITIES Approved, adequate, adjusted, repair, clean 2 3. SEWAGE DISPOSAL / PLUMBING 4. Approved, functioning properly 5 Backflow 5 5. Approved sanitary station, provided as required / 6. 2 Approved sewer connections SOLID WASTE 2 7. Containers approved, adequate 8. 2 Good repair, clean 2 9. Storage area and premises clean 10. Disposal frequency adequate 1 2 11. Site well drained SPACES, STRUCTURES, BEDDING 12. Structures, beds, and individual units properly spaced 1 2 13. Floor space adequate, proper ventilation 2 14. Floors, walls, ceilings / clean, good repair 15. 1 Personal storage provided, clean, good repair 16. Bedding clean, good repair 2 17. 2 Mattress cover provided 2 18. Lighting / fixtures adequate 19. 1 Guest room doors, self-closing 20. 2

SAFETY Fire extinguishers, smoke detectors, fire alarms; installed, * 22. 5 number maintained Exits marked, lighted, unobstructed, evacuation plans ٠ 23. 5 Curtains, draperies, fire resistant 2 24. ٠ 25. Visible electrical hazards 5 Hazardous chemicals, including inflammable; marked ٠ 26. 5 and stored properly. 27. Animals under control 2 Storage areas maintained, flammable equipment properly ٠ 28. 4 stored NATURAL SWIMMING AREA Depth, boundaries marked / lifesaving equipment * 29. 5 provided 5 * 30. Underwater hazards, vegetative growth or pollution **RESTROOMS / BATHING FACILITIES / FIXTURES** Number, designed, installed 31. 2 2 32. Lighting adequate Floor, walls ceilings and attachments; clean, good repair 2 33. Toilet tissue provide 1 34. Waste receptacle clean, covered, fire resistant 35. 2 HEALTH, DISEASE, REGISTRATION 36. Telephone available, first aid kit available 5 Occupant register maintained, preserved 37. 1 ADMINISTRATION .. 38. 0 Current permit posted

Identifies critical items

** Identifies misdemeanor violations

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.

2

Signature of Person in Charge

21.

IN

07/30/24 Date of Signature

By EHS 01:00 PM 01:25 PM Time in/out

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Establishment Information

Establishment Name: YMCA DAYCAMP @ NORTHWEST

Establishment Number : 650240117

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 Camp is over for the season

***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)