

CAMP INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH

	Samon		DI	ISION OF E	14.11	CIVIVIE	VIAL HEALTH		
ESTAB	LISHMENT						DATE	SCODE	
Rau-W	ood Retreat Cen	ter					08/03/22	SCORE	
LOCAT	TION			STAFF			EST. NO.		
8687 C	old Harding Pike			John Michael			650240089	93 /100	
CITY,	STATE, ZIP			TYPE			PURPOSE		
Nashvi	lle	TN	37221	Resident Camp	o <100		Routine		
PERMI NASH\	TTEE /ILLE LUTHERA	NS IN	C DBA RA	U-WOOD RE			FOLLOW- UP () YES REQUIRED () NO	NO. OF CAMPERS PER DAY 28	
12 To 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	WATER SUPE	LY, I	CE	.,			SAFETY		
* 1.	Source, adequate				5	* 22.	Fire extinguishers, smoke dete	ectors, fire alarms; installed, 5	
2.	Storage; clean, pr		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		2	-	number maintained		
	DRINKING F	ACTOR DESCRIPTION AND ADDRESS OF THE PARTY O	A STATE OF THE PARTY OF T	7.147.77.781F	Land.	* 23			
3.	Approved, adequa	ite, adj	usted, repair	clean	2	24.	Curtains, draperies, fire resista	int 2	

		WATER SUPPLY, ICE	
*	1.	Source, adequate	5
	2.	Storage; clean, properly handled	2
		DRINKING FACILITIES	
	3.	Approved, adequate, adjusted, repair, clean	2
	.esettr n	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
	- 6	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	T
	16.	Bedding clean, good repair	2
	17.	Mattress cover provided	2
	18.	Lighting / fixtures adequate	2
	19.	Guest room doors, self-closing	1

* 22	Fire extinguishers, smoke detectors, fire alarms; installed, number maintained	5
* 23	Exits marked, lighted, unobstructed, evacuation plans	5
2	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.

Depth, boundaries marked / lifesaving equipment

NATURAL SWIMMING AREA

	provided	1 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 recentacle clean, covered, fire resistant	2

HEALTH, DISEASE, REGISTRATION

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

.. Current permit posted

 Identifie 	e ceitic	al items

20.

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

2

Signature of Person in Charge		1 Lock	Ву	John M	ichsol	EHS
Date of Signature	08/03/22		Time in/out	11:05 AM	11:45 AM	

^{**} Identifies misdemeanor violations

CAMP INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

Establishment Name: Rau-Wood Retreat Center

Establishment Information

Establishment Number: 650240089



: Floors in different rooms are not clean.		
3: Exit signs are not lighted.		
See page at the end of this document for any violation	ns that could not be displayed in this	s space.
Iditional Comments		

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

stablishment Nu	me: Rau-Wood Retre mber: 650240089	rat Conton		
bserved Viola	tions (cont'd)			
dditional Con	ments (cont'd)			

Establishment Information