

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

ESTABLISHMENT Nashville Shores - Travel Camp Site					DATE 10/18/23 SCORI				
LOCATION STAFF 4001 Bell Rd. Tiffany Stevens			ns			EST. NO. 650212200	N/A /100		
CITY, STATE, ZIP Hermitage TN 37076 Travel Camp 1			151-250			PURPOSE Follow-Up			
PERMI	TTEE					FOLLOW-UP ( ) YES REQUIRED NO	NO, OF CAMPERS PER D. 200	AY	
	WATER SUPPLY, ICE					SAFETY			
* 1. 2.	Source, adequate Storage; clean, properly handled		5		22.	Fire extinguishers, smoke detector number maintained	ors, fire alarms; installed,	5	
	DRINKING FACILITIES				23.	Exits marked, lighted, unobstruct	ted, evacuation plans	5	
3.	Approved, adequate, adjusted, repair, clean     2				24.	Curtains, draperies, fire resistant		2	
SEWAGE DISPOSAL / PLUMBING					25.	Visible electrical hazards			
* 4.	Approved, functioning properly		5		26.	Hazardous chemicals, including and stored properly	inflammable; marked	5	
• 5.	Backflow		5		27.	Animals under control		2	
6.	Approved sanitary station, provided as Approved sewer connections	required /	2		28.	Storage areas maintained, flamm stored	able equipment properly	4	
	SOLID WASTE			57		NATURAL SWIMMING A	REA		
7.	Containers approved, adequate	i i	2		29.	Depth, boundaries marked / lifest provided	aving equipment	5	
8.	Good repair, clean		2		30.	Underwater hazards, vegetative g		5	
9.	Storage area and premises clean		2	_		RESTROOMS / BATHING FACILITIES / FIXTURES			
10.	Disposal frequency adequate		1		31.	Number, designed, installed	led 2 2		
11.	Site well drained 2				32.	Lighting adequate			
SPACES, STRUCTURES, BEDDING				33.	Floor, walls ceilings and attachments; clean, good repair				
12.	Structures, beds, and individual units pr		1		34.	Toilet tissue provide		1	
13.	Floor space adequate, proper ventilation		2		35.	Waste receptacle clean, covered,	<del></del>	2	
14.	Floors, walls, ceilings / clean, good repo		2	-		HEALTH, DISEASE, REGISTRATION			
15.	Personal storage provided, clean, good		1	*	36.	Telephone available, first aid kit		5	
16.	Bedding clean, good repair		2		37.	Occupant register maintained, pre	eserved	1	
17.	Mattress cover provided		2			ADMINISTRATION			
18.	Lighting / fixtures adequate		2	**	38.	Current permit posted		0	

19.

21.

Guest room doors, self-closing 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.

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Signature of Person in Charge		Ву	By Sevens			
Date of Signature	10/18/23	Time in/out	03:05 PM	03:25 PM		

Identifies critical items

<sup>\*\*</sup> Identifies misdemeanor violations

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

Establishment Name: Nashville Shores - Travel Camp Site

Establishment Information

Establishment Number: 650212200



Observed Violations					
Total # 0					
**See page at the end of this document for any violati	ions that could r	not be displayed in	his space.		
Additional Comments					
Critical item#4 from inspection on 10-4-23 has bee	en corrected.				
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<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Additional Comments (cont'd)	stablishment No	mber: 650212200		
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Establishment Information