

CAMP INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

ESTABLISHMENT Cedars Of Lebanon State Park Group Lodge						DATE 03/13/24 SCORE				
LOCATION 328 Cedars Of Lebanon Rd. STAFF Bobby Fletcher				r			EST. NO. 650029926	92 /100	0	
	Y, S ano	Th. 07000	YPE esident Cam	p 100-	l		PURPOSE Routine			
PER	RMI	TTEE					FOLLOW- UP () YES REQUIRED NO	NO. OF CAMPERS PER D	AY	
		WATER SUPPLY, ICE					SAFETY			
*	1.	Source, adequate		5		22.	Fire extinguishers, smoke detector	ors, fire alarms; installed,	5	
	2.	Storage; clean, properly handled		2			number maintained			
	DRINKING FACILITIES		_		23.	Exits marked, lighted, unobstructed, evacuation plans				
Approved, adequate, adjusted, repair, clean			2	_	24.	Curtains, draperies, fire resistant				
	SEWAGE DISPOSAL / PLUMBING		_		25.	Visible electrical hazards				
*	4.	Approved, functioning properly		5		26.	Hazardous chemicals, including i and stored properly	inflammable; marked	5	
	5.	Backflow	40	5		27.	Animals under control		2	
	6.	Approved sanitary station, provided as req Approved sewer connections	juired /	2		28.	Storage areas maintained, flamma stored	able equipment properly	4	
		SOLID WASTE			91		NATURAL SWIMMING A	REA		
	7.	Containers approved, adequate		2	(29.	Depth, boundaries marked / lifest provided	aving equipment	5	
	8.	Good repair, clean		2		30.	Underwater hazards, vegetative growth or pollution			
	9.	Storage area and premises clean		2			RESTROOMS / BATHING FACILITIES / FIXTURES			
	10.	Disposal frequency adequate		1		31.	Number, designed, installed			
	11. Site well drained		2		32.	Lighting adequate		2		
		SPACES, STRUCTURES, BEDDIN				33.	Floor, walls ceilings and attachm	ents; clean, good repair	2	
	12.	Structures, beds, and individual units prop	erly spaced	1		34,	Toilet tissue provide		L	
	13.	Floor space adequate, proper ventilation		2		35.	Waste receptacle clean, covered,		2	
	14.	Floors, walls, ceilings / clean, good repair		2	-	-	HEALTH, DISEASE, REGISTRATION			
	15.	Personal storage provided, clean, good rep	air	1	*	36.	Telephone available, first aid kit		5	
- 0	16.	Bedding clean, good repair		2		37.	. Occupant register maintained, preserved			
- 67	17.	Mattress cover provided		2			ADMINISTRATION			

18.

19.

20.

21.

Lighting / fixtures adequate

Bunk beds, equipped usage

Guest room doors, self-closing

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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38.

Current permit posted

EHS

2

1

2

2

Signature of Person in Charge	(Ail-Jal)	Ву	B	
Date of Signature	03/13/24	Time in/out	01:19 PM	01:43 PM

^{*} Identifies critical items

^{**} Identifies misdemeanor violations

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Establishment Name: Cedars Of Lebanon State Park Group Lodge

Establishment Number: 650029926

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Observed Violations	
Total # 4	
16: Damaged mattresses, stains on matresses in men's side 17: No mattress covers provided for beds in male and female sides 33: Spider webs on upper walls/ceilimgs of men's restroom 35: Receptacle in men's restroom not covered	

Additional Comments		

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

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

bearing Violations (cont	of)	
bserved Violations (cont'	3)	
dditional Comments (con	t'd)	
urce Type: Water	Source: City	
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Establishment Information

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