



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

|   |                            |  |                                     |
|---|----------------------------|--|-------------------------------------|
| <b>ESTABLISHMENT</b><br>Music City Camp |                            | DATE<br>04/22/24   | <b>SCORE</b><br><br><u>N/A</u> /100 |
| LOCATION<br>5047 Murfreesboro Rd.       | STAFF<br>Christie Graves   | EST. NO.<br>650150598  |                                     |
| CITY, STATE, ZIP<br>La Vergne TN 37086  | TYPE<br>Travel Camp 76-150 | PURPOSE<br>Follow-Up   |                                     |
| PERMITTEE<br>NEVILS ENTERPRISES         |                            | FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | NO. OF CAMPERS PER DAY              |

**WATER SUPPLY, ICE**

|      |                                  |   |
|------|----------------------------------|---|
| * 1. | Source, adequate                 | 5 |
| 2.   | Storage; clean, properly handled | 2 |

**DRINKING FACILITIES**

|    |   |   |
|----|---|---|
| 3. | Approved, adequate, adjusted, repair, clean | 2 |
|----|---|---|

**SEWAGE DISPOSAL / PLUMBING**

|      |   |   |
|------|---|---|
| * 4. | Approved, functioning properly  | 5 |
| * 5. | Backflow  | 5 |
| 6.   | Approved sanitary station, provided as required /<br>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 |

**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          | 1 |
| 16. | Bedding clean, good repair                             | 2 |
| 17. | Mattress cover provided                                | 2 |
| 18. | Lighting / fixtures adequate                           | 2 |
| 19. | Guest room doors, self-closing                         | 1 |
| 20. | Bunk beds, equipped usage                              | 2 |
| 21. | Travel camp spaces identified                          | 2 |

**SAFETY**

|       |   |   |
|-------|---|---|
| * 22. | Fire extinguishers, smoke detectors, fire alarms; installed,<br>number maintained | 5 |
| * 23. | Exits marked, lighted, unobstructed, evacuation plans                             | 5 |
| 24.   | Curtains, draperies, fire resistant   | 2 |
| * 25. | Visible electrical hazards  | 5 |
| * 26. | Hazardous chemicals, including inflammable; marked<br>and stored properly         | 5 |
| 27.   | Animals under control   | 2 |
| * 28. | Storage areas maintained, flammable equipment properly<br>stored                  | 4 |

**NATURAL SWIMMING AREA**

|       |   |   |
|-------|---|---|
| * 29. | Depth, boundaries marked / lifesaving equipment<br>provided | 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 receptacle clean, covered, fire resistant           | 2 |

**HEALTH, DISEASE, REGISTRATION**

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

**ADMINISTRATION**

|        |                       |   |
|--------|-----------------------|---|
| ** 38. | Current permit posted | 0 |
|--------|-----------------------|---|

\* Identifies critical items

\*\* Identifies misdemeanor violations

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.

Signature of  
Person in Charge \_\_\_\_\_  
Date of Signature 04/22/24

By \_\_\_\_\_ EHS  
Time in/out 12:05 PM 12:15 PM

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|                                  |                 |
|----------------------------------|-----------------|
| <b>Establishment Information</b> |                 |
| Establishment Name:              | Music City Camp |
| Establishment Number :           | 650150598       |

|                            |   |
|----------------------------|---|
| <b>Observed Violations</b> |   |
| Total #                    | 0 |
|                            |   |

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

|   |
|---|
| <b>Additional Comments</b>  |
| Critical item violation 5 noted on previous routine inspection report has been corrected. |
|   |

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

**Establishment Information**

Establishment Name: Music City Camp

Establishment Number : 650150598

**Observed Violations (cont'd)****Additional Comments (cont'd)**