



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

ESTABLISHMENT Cedars Of Lebanon State Park Campground		DATE 03/13/24	<b>SCORE</b>  <u>94</u> /100
LOCATION 328 Cedars Of Lebanon Rd.	STAFF Bobby Fletcher	EST. NO. 650029929	
CITY, STATE, ZIP Lebanon TN 37090	TYPE Travel Camp 251+	PURPOSE Routine	
PERMITTEE		FOLLOW-UP REQUIRED <input type="checkbox"/> YES <input checked="" 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
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**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

**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, 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 and stored properly	5
27.	Animals under control	2
* 28.	Storage areas maintained, flammable equipment properly stored	4

**NATURAL SWIMMING AREA**

* 29.	Depth, boundaries marked / lifesaving equipment 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	2
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
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\* 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 03/13/24

By  EHS  
Time in/out 01:44 PM 02:13 PM



***Establishment Information***

Establishment Name: Cedars Of Lebanon State Park Campground

Establishment Number : 650029929

***Observed Violations***

Total # 3

- 3: Both drinking fountains not functioning
- 33: Pink discoloration on ceiling of handicap shower room
- 35: Waste receptacle not covered in men's restroom of bathhouse

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

***Additional Comments***

\*\*\*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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Establishment Name: Cedars Of Lebanon State Park Campground

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**Observed Violations (cont'd)**

**Additional Comments (cont'd)**

Source Type: Water

Source: City