

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

ESTABLISHMENT GRAND OLE RV RESORT AND MARKET					DATE 04/01/24	SCORE		
LOCA 708 No	TION ORTH MAIN STREET	STAFF Ngan Nguyen				EST. NO. 650240018	100 /100	)
	STATE, ZIP ettsville TN 37072	TYPE Travel Camp 7	76-150	)		PURPOSE Routine		
PERM	ITTEE INGHAM, TOMMY					FOLLOW-UP ( ) YES REQUIRED ( ) NO	NO. OF CAMPERS PER D.	AY
2 W 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WATER SUPPLY, ICE			00		SAFETY		AIT
* 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		
SEWAGE DISPOSAL / PLUMBING				25.	Visible electrical hazards			
* 4.	Approved, functioning properly				26.	Hazardous chemicals, including inflammable; marked and stored properly		
* 5.	Backflow		5		27.	Animals under control		2
6.	Approved sanitary station, provided as Approved sewer connections	s required /	2		28.	Storage areas maintained, flamm stored	able equipment properly	4
	SOLID WASTE					NATURAL SWIMMING A	REA	
7.	Containers approved, adequate			. •	29.	Depth, boundaries marked / lifesaving equipment provided		
8.	Good repair, clean		2	*	30.	Underwater hazards, vegetative g		5
9.				_		RESTROOMS / BATHING FACILITIES / FIXTURE		
	Disposal frequency adequate		1	-	31.	Number, designed, installed		2
		2	-	32.	Lighting adequate Floor, walls ceilings and attachments; clean, good repair		2	
10	SPACES, STRUCTURES, BED	The state of the s	-	-	33.		ents; clean, good repair	2
12.	Structures, beds, and individual units	the state of the s	2	-	34.	Toilet tissue provide	Con englatura	1
14.	Floor space adequate, proper ventilation Floors, walls, ceilings / clean, good re		2	_	33.	Waste receptacle clean, covered, HEALTH, DISEASE, REG	<del></del>	2
15.	Personal storage provided, clean, good re		1		36.	Telephone available, first aid kit		5
16.	Bedding clean, good repair	riepan	2		37.	Occupant register maintained, pr		1
17.	Mattress cover provided		2	-	311	ADMINISTRATION	WORLD T WAR	1
18.	Lighting / fixtures adequate		2	**	38,	Current permit posted 0		
19.	Guest room doors, self-closing		1		-	Parameter Parame		
20.	Bunk beds, equipped usage		2					
40.	Louis Ocus, 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.

Signature of Person in Charge		Ву	1 ly Tly	my_	EHS
Date of Signature	04/01/24	Time in/out	11:50 AM	12:20 PM	

<sup>\*</sup> Identifies critical items

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

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Establishment Name: GRAND OLE RV RESORT AND MARKET

Establishment Information

Establishment Number: 650240018



: Current permit is not posted in a cor	nspicuous manner.			
See page at the end of this document for	any violations that could	not be displayed in this sp	ace.	
			1000000	_
Iditional Comments				

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

Establishment Inform	
	RAND OLE RV RESORT AND MARKET
stablishment Number :	650240018
Observed Violations (	cont'd)
dditional Comments	(cont'd)
dunional Comments	(cont a)