SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME		
Rich Volz, Director		Hun School Youth Camp		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
Same		176 Edgerstoune Rd Mercer		
MUNICIPALITY / STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		Princeton	08540	609-751-7759
ZIP CODE / COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

- [ ] 1 RETAIL
- [x] 2 OTHER (Specify)
- [ ] 3 Pool
- [ ] 4

ESTABLISHMENT CODE

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [x] 1 INITIAL INSPECTION (Pre-Op)
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
5/13/2016		

EVALUATION

- [x] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

Approved To Operate as a Youth Camp

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
PRINCETON HEALTH DEPARTMENT ONE MONUMENT DRIVE PRINCETON, NEW JERSEY 08540 609-497-7608	Randy F. Carter Sr. REHS
	INSPECTOR'S SIGNATURE
	Randy F Carter
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
Jeffrey C. Grosser	B1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Hun School Youth Camp	Date 5/13/2016
Municipality Princeton	Tel., Code or ID No. 609-751-7759

Item No.	Remarks
✓	Director Rich Volz - Orientation for Counselors 5/26/2016
✓	# of Campers - Varies 85-125 ; Local EMS Agreement - Capitol Health
✓	Health Director Diane Applegate R.N.
✓	Medical Supplies ✓ First Aid Kits for travel
✓	Medications - Locked in R.N. Office - Isolation Room
✓	Parental Permission forms ✓ - Medical Log for Camp
✓	Daily Health Surveillance by Counselors daily
✓	Personnel Policies / Supervision + Camper Application + Health forms
✓	Staff / Counselors Background Checks ✓ Criminal Background + Sex Offenders
✓	Child Abuse Training ✓ - documented at ORIENTATION
✓	Phones available for Emergencies
✓	Buildings + Grounds ✓ Evacuation diagram
✓	Liability Insurance Available - See Administration Ofc.
✓	Cafeteria Approved - Satisfactory Rating Posted
✓	SubChapter 8 Transportation ✓ Copy of CDL + Insurance on file - See Administration + Rich Volz
✓	Bus Evacuation Plan w/ weekly drills - Keep log up to date
✓	Public Recreational Bathing - Lifeguard, Std First Aid + CPR
✓	Swimmer Classification Log, Lost Swimmer + Buddy Ck
✓	Sports Equipment Check List
✓	JOHN WITHERSPOON Middle School Pool - Approved

Signature of Individual Completing Form: [signature]

Signature of Owner of Facility, Establishment, etc., if required: [signature]

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