

RESIDENT CAMP NAME: _____

***** Before beginning this checklist, the resident camps water system must be operational, and the water sample pulled by the Henderson County Department of Public Health must be approved.**

Checklist to be submitted to Henderson County Department of Public Health prior to opening seasonal resident camp includes the following:

Date and initials

- _____ 1) the equipment needed to maintain required food temperatures is operational, clean and sanitized as required
- _____ 2) all other equipment and utensils are operational, clean and sanitized as required by the rules in this Section
- _____ 3) dishmachines, if any, are clean and operating properly
- _____ 4) kitchen and lodging facilities are in good repair, clean and free of vermin

Signature: _____