
 Organization Name _____

Camp Buildings and Grounds Checklist

Creating a safe camp environment starts with the basics: providing adequate food, shelter, and safety. Examine your facilities as if you were a newcomer. You might spy several areas that could benefit from safety improvements.

	Yes	Needs Attention
1. Are all buildings, structures, and activity areas in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are clean and sanitary conditions maintained throughout the camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all buildings used for sleeping have working smoke detectors, recently serviced fire extinguishers, and at least two emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all buildings used for sleeping that contain fuel-burning equipment also have functioning carbon monoxide detectors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all permanent sleeping buildings have ventilation, temperature control, space for movement, and space between beds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do upper bunks have guardrails (if used for children under 16)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you repair roof leaks as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you repair or replace broken windows as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you avoid using extension cords in place of permanent electrical wiring and outlets?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all electrical outlets near water (restrooms, pool areas) equipped with ground fault circuit interrupter (GFCI) outlets?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have an adequate number of sinks near the restroom area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you regulate hot water temperature to prevent scalding?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you inspect camp paths, trails, and sidewalks regularly for potential tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is outdoor lighting adequate for safety and nighttime activities?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the property fenced and equipped with "No Trespassing" signs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the entry closed or locked at night?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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