

# Self-Inspection and Certification Form for Children’s Camps

**Facility Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Operator Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Use this form to certify that a pre-operation self-inspection was conducted and the facility is, or will be, in compliance with applicable State Sanitary Code requirements prior to operation. When possible, completed forms should be submitted to the local health department 60 days prior to the date of operation to ensure adequate time for processing and permit issuance. Selecting “Yes” indicates compliance with the standard. Please supply supplemental information identifying a schedule for compliance for any standard for which “No” is selected. Indicate not applicable (N/A) as appropriate.

As part of NYS’s Novel Coronavirus (COVID-19) response, permitted facility owners/operators must follow all applicable COVID-19 guidance at <https://coronavirus.health.ny.gov/home> in addition to complying with all NYS permit conditions and requirements. Please note that consistent with the Governor’s directives, facilities that promote social gathering such as dining facilities with seating, swimming pools, bathing beaches and spray grounds, should remain closed until further notice.

**Fire Safety:** Subparts 7-2 of the State Sanitary Code.

Standard	Yes	No	N/A
Construction, additions or modifications have been approved by the health department and Uniform Code Official.			
All required fire alarm systems, smoke detectors and fire suppression systems are inspected/checked and operational.			
Required exits and smoke barrier doors are operational and free of obstructions including removal of locking devices used to secure buildings during periods of non-use.			
Required emergency lights and exit signs are present and functional.			
Electric service, wiring or electrical system components are such that an imminent fire or shock hazard does not exist.			

**Water Supply:** Municipal: \_\_\_\_\_ Onsite: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Standard	Yes	No	N/A
Potable water source, treatment, and distribution system are the same as last season; Specify treatment:			
Required start-up procedures have been completed and preoperational sample submitted for onsite supplies. Please attach sample results.			

**Sewage:** Municipal: \_\_\_\_\_ Onsite: \_\_\_\_\_

Standard	Yes	No	N/A
Sewage treatment or distribution system are the same as last season.			
Sewage system operating with no discharge on the ground surface.			

**Food Service:** Subpart 14-1

Standard	Yes	No	N/A
New construction, additions or modifications have been approved by the health department. Check N/A if you had no new construction, additions or modifications since last year.			
Menu is the same as prior season.			
Food preparation and storage areas are free of contamination by insects or rodents.			
All plumbing, sinks and equipment are operational.			
All food contact surfaces washed, rinsed and sanitized prior to opening.			

I, \_\_\_\_\_ (Print Name), certify under penalty of perjury that:

1. I conducted a complete and thorough inspection of the above indicated facility on \_\_\_/\_\_\_/\_\_\_ (Date) and the facility conforms or will be in conformance with the applicable requirements of the State Sanitary Code at the time of operation and will not present a danger to the health and safety of the occupants.
2. The local health department has been notified of all facility alterations, enlargements or improvements including but not limited to buildings, structures, water supplies, sewage disposal systems and determined none require health department inspection prior to use.

\_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

Signature

Date