

CAMP SAFETY CHECKLIST

NAME OF CHURCH _____ Date of Board's Approval of Camp _____

CAMP LOCATION (Brief Direction) _____

Name and Telephone Contact# of CAMP DIRECTOR _____

Total No. of CAMPERS _____

Adults (Age 18 +) _____
Males _____
Females _____

Children (under 17) _____
Boys _____
Girls _____

GENERAL INFORMATION	YES	NO	COMMENTS
Insurance for all Campers			
Adequate Transportation			
Building Checked in advance			
Adequate Lighting			
Adequate Water Supply (Safe)			
Electrical Wiring (Safe)			
Fire Extinguisher on Hand			
Adult Supervision			
Buddy System organised			
Alarm System in Effect eg. Whistle, etc.			
Communication Equipment			
Camp Units Organized			
Camp Duties Assigned to Units			
Camping Rules in effect			
Daily Program Planned			
Children Supervision			
Police Station Contacted			
Hospital/Health Centre in area			
First Aid Bay Defined			
First Aid Kit			
First Aider/Health Professional			
Incident/Accident Log			
Muster Point Identified			
Food Storage Area			
Kitchen Area			
Garbage Disposal Area			
Bathroom Facilities			
Toilet Area			
24 Hr. Security			
Visitors' Supervision			

Signature of Church Pastor _____