



South Caribbean Conference
SAFETY UNIT

CAMP SAFETY SELF-INSPECTION FORM

NAME OF CHURCH: _____ CHURCH PASTOR: _____
 DATE OF CHURCH BOARD'S APPROVAL OF CAMP: _____
 CAMP LOCATION/ DIRECTIONS: _____

 DURATION OF CAMP: FROM: _____ TO: _____
 NAME OF CAMP DIRECTOR: _____ CONTACT NUMBER: _____

TOTAL NUMBER OF CAMPER: _____

ADULTS (AGE 18+)
MALES:
FEMALES:

CHILDREN (UNDER AGE 17)
BOYS:
GIRLS:

GENERAL INFORMATION	YES	NO	COMMENTS
Are all Campers Insured?			
Is there adequate transportation			
Has the building been checked in advance?			
Is there adequate Lighting			
Is there a sufficient and safe Water Supply?			
Is the Electrical Wiring safe?			
Is there a Fire Extinguisher on Hand?			
Is there adequate Adult Supervision observing the recommended ratio of adult to child?			
Has a Buddy System been Organized?			
Is an Alarm System in Effect (Whistle, etc.)			
Camp Units Organized			
Camp Duties Assigned to Units			
Camping Rules in Effect			
Daily Program Planned			
Police Station Contacted			
Hospital/ Health Centre in Area			
First Aid Bay Defined			
First Aid Kit on Hand			
First Aider/Health Professional			
Incident/Accident Log			
Muster Point Identified			
Food Storage Area above ground level			
Kitchen Area Identified			
Garbage Disposal Area Identified			
Bathroom Facilities (Male/Female)			
24Hr. Security			
Visitors' Supervision			

SIGNATURE OF CHURCH PASTOR: _____

To be returned to SCC Safety Unit on/before February 17, 2020