

ESTABLISHMENT NAME: Camp Rising Sun OPERATOR'S NAME: Ayla Rector
Address: TV/C Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

Office Code: _____ Date of Service: Month 08 Day 12 Year 14 Capacity: _____

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
 REINSPECTION HACCP ONLY INCIDENT ILLNESS HCS ID: JSC013 Time spent conducting service: _____ hr _____ min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Item Number	Corrections/Violations
	observed hand wash glove use Cl ₂ sanitizer in use > 200 ppm
	Dishmachine wash 161°F Rinse 181°F
	Bacteriological water samples taken
	Cheese, tomato w-i-c 37°F Handboiled eggs 37°F

SIGNATURE OF INSPECTOR: Justin PHS

RECEIVED BY (SIGNATURE): Joshua Krigelman
60555

Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Red Hook Operator's Name: Dan Atkins

Capacity: 70 Operation Name: Camp Rising Sun Red Hook Swimming Pool Time Began: Time End:

Office Code: POSTED Operation ID: 08 12 14 LHD/HIN: 550013 NYSDOH: Time spent conducting service: hr hr min min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Potable Water Supply	4 1
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Source Provided/Maintained Where Night Swimming is Allowed	6 3
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 3
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 1
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1

POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced. Self-Closing/Self Latching Gates or Doors	24 1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26 1
<input type="radio"/>	Adequate Water Depths For Diving/Slides/Starting Blocks/Obstacles	27 3
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29 3
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water: 0	32 1
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33 1
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation. Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 3
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3

Pool/Spa Water Temperature: °F
Flow Meter Reading: 450 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 1
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 1
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 1
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 1

GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 1
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52 1
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 3

SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54 1
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55 1
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56 1
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57 1
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58 3
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59 3
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III - Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60 3

Supervision Level: Ia Ib III IV
Temporary Residence/ Campground:
Homeowner Exemption:

WATER CHEMISTRY		
Free Cl/Br	1.5	mg/L
Combined Cl		mg/L
pH	7.2	
Total Alkalinity		mg/L
Calcium Hardness		mg/L

SIGNATURE OF INSPECTOR: [Signature] PHHS
RECEIVED BY SIGNATURE: [Signature] DATE: 8/12/14



Facility Code: 0132314 Facility Name: Camp Rising Sun Red Hook Address: Red Hook Operator's Name: Nakachi Clark-Kasimu
Capacity: 60 Operation Name: Camp Rising Sun Red Hook
Office: [] Operator ID: [] Date of Service: 08/12/14 Inspector's ID: JSC013 Time spent conducting service: []
Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only):
Reinspection Field Visit Sampling Meeting Date: []/ []/ [] Service By (Inspector ID): []

PUBLIC HEALTH HAZARDS		POTABLE WATER		RECREATIONAL SAFETY				
<input type="checkbox"/>	Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual Verbal Communication Provided	1	1	<input type="checkbox"/>	Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan; Boats Registered	43		
<input type="checkbox"/>	Safety Plan Implementation	2	1	<input type="checkbox"/>	Rifery - Qualified Instructor; Camper Age; Supervision; Range-Location, Firing and Ready Lines, Backstop, Signs, Flags; Rifles/Equipment Maintenance and Storage	45		
<input type="checkbox"/>	Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Quantity	3	1	<input type="checkbox"/>	Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46		
<input type="checkbox"/>	Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4	1	<input type="checkbox"/>	Horseback Riding - Headgear, Stimp; Shoes; Supervision, Skill Assessment; Animal's-Disease Free, Compliance with DEC, A&M Laws	47		
<input type="checkbox"/>	Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5	1	<input type="checkbox"/>	Equipment - Personal Weapons Restricted, Equipment Hazard Free, Activities Handicapped Accessible	48		
<input type="checkbox"/>	Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6	1	<input type="checkbox"/>	On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49		
<input type="checkbox"/>	Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7	1	<input type="checkbox"/>	Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50		
<input type="checkbox"/>	Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8	3	<input type="checkbox"/>	Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51		
<input type="checkbox"/>	Waterfront/Boating - Personal Flotation Device Usage	9	3	<input type="checkbox"/>	CONSTRUCTION, ELECTRICAL & FIRE SAFETY			
<input type="checkbox"/>	Rifery/Archery - Adequate Range/Supervision	10	3	<input type="checkbox"/>	<input type="checkbox"/>	Construction - State and Local Laws Compliance Statement; Permit-issuing Official Notification	52	
<input type="checkbox"/>	Horseback Riding - Adequate Equipment/Supervision	11	3	<input type="checkbox"/>	<input type="checkbox"/>	Building Standards; Electrical Safety, Tents Flame Retardant	53	
<input type="checkbox"/>	Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	12	1	<input type="checkbox"/>	<input type="checkbox"/>	Fire Smoke Alarm System - Equipment Installed and Maintained, Fire Drills and Log	54	
<input type="checkbox"/>	Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	13	1	<input type="checkbox"/>	<input type="checkbox"/>	Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55	
<input type="checkbox"/>	Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	14	1	<input type="checkbox"/>	<input type="checkbox"/>	Exit Direction Signs; Emergency Lighting	56	
ADMINISTRATION/SUPERVISION		MEDICAL		<input type="checkbox"/>	<input type="checkbox"/>	Heating Sources - Installed, Maintained	57	
<input type="checkbox"/>	Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training-Provided, Documented, Individual Disabled Camper Needs	15	1	<input type="checkbox"/>	<input type="checkbox"/>	Flammable Liquids: Labeled, Stored	58	
<input type="checkbox"/>	Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16	1	<input type="checkbox"/>	<input type="checkbox"/>	Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59	
<input type="checkbox"/>	Personnel Records, Resumes on File; Communicable Disease Carrier, Criminal Justice Service Check	17	1	<input type="checkbox"/>	<input type="checkbox"/>	FOOD		
<input type="checkbox"/>	Valid Permit; Application; Enrollment Statement/Brochure	18	1	<input type="checkbox"/>	<input type="checkbox"/>	For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	Safety Plan - Complete, On File, Updated, Implemented	19	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Quantity/Quality Sufficient	60
SEWAGE		HOUSING		<input type="checkbox"/>	<input type="checkbox"/>	GENERAL		
<input type="checkbox"/>	Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
SHOWERS, TOILETS		SWIMMING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insect, Rodent, Bat and Weed Control	62
<input type="checkbox"/>	Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refuse-Storage, Handling and Disposal; Maintained	63
<input type="checkbox"/>	Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	22	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver; Inspection; Seat Belts Used; Capacity Not Exceeded; Toots; Supervision	64

Inspection By (signature): [Signature] PHS Report Received by: [Signature] Date: 8/12/14
Nakachi Clark-Kasimu

11471

ESTABLISHMENT NAME: Camp Rising Sun Red Hook OPERATOR'S NAME: Ayla Rector
Address: TN/C Oriole Mills Rd Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____
Office Code: _____ Operation ID: _____
Date of Service: Month 07 Day 24 Year 14 Capacity: _____

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
REINSPECTION HACCP ONLY INCIDENT ILLNESS
HCS ID: JSC013 Time spent conducting service: _____ hr _____ min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Item Number	Corrections/Violations
	observed hand wash glove use Cl ₂ sanitizer in use > 200 ppm
	Dish machine Wash 159°F Rinse 195°F
	Bacteriological water sample taken Cl ₂ = 1.0
	Chicken, cheese w/c 34°F pasta salad on ice 38°F

SIGNATURE OF INSPECTOR: [Signature] PHS RECEIVED BY (SIGNATURE): [Signature]
Nakachi Clark-Kasimu 7/24/14 60555

Facility Code: 0132314 Facility Name: Red Hook Address: Red Hook Operator's Name: Dan Atkins
 Capacity: 70 Operation Name: Camp Rising Sun Red Hook Swim Pool
 Office Code: [] Operation ID: [] Month: 07 Day: 24 Year: 14
 HCS ID: 550013 Time spent conducting service: [] hr [] hr [] min [] min
 LHD/HIN: [] NYSDOH: []

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS
 Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00
 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Potable Water Supply	4 1
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Source Provided/Maintained Where Night Swimming is Allowed	6 3
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 3
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 1
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1

POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24 1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26 1
<input type="radio"/>	Adequate Water Depths For Diving Slides/Starting Blocks, Clearances	27 3
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming of Swimmer Training Activities	29 3
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers in Water 0	32 1
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33 1
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation, Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 3
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3

Pool/Spa Water Temperature: [] [] [] °F
 Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 1
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 1
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 1
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 1

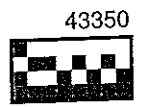
GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 1
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52 1
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 3

SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54 1
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55 1
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56 1
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57 1
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58 3
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59 3
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60 3

Supervision Level: Ia Ib III IV
 Temporary Residence/ Campground:
 Homeowner Exemption:

WATER CHEMISTRY		
Free Cl/Br	[] [] [] []	mg/L
Combined Cl	[] [] [] []	mg/L
pH	[] [] [] []	
Total Alkalinity	[] [] [] []	mg/L
Calcium Hardness	[] [] [] []	mg/L

SIGNATURE OF INSPECTOR: [Signature] PITS
 RECEIVED BY (SIGNATURE): [Signature]
 DATE: 7/24/14
 Nakachi Clark-Kasimu



Facility Code: 0132314 Facility Name: CRS Red Hook Address: Oriole Mills Rd Red Hook Operator's Name: Nakachi Clark-Kasimu
 Capacity: 60 Operation Name: Camp Rising Sun Red Hook
 Office Code: POSTED Operation ID: 07 24 14 LHD/HIN NYSDOH J-SC013
 Time Began: Time End: Time spent conducting service: hr hr min min

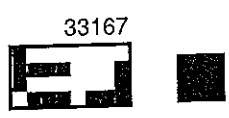
Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS
 Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual/Verbal Communication Provided	1
<input type="radio"/> Safety Plan Implementation	2
<input type="radio"/> Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Sample Taken	3
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5
<input type="radio"/> Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8
<input type="radio"/> Waterfront/Boating - Personal Flotation Device Usage	9
<input type="radio"/> Rifle/Archery - Adequate Range/Supervision	10
<input type="radio"/> Horseback Riding - Adequate Equipment/Supervision	11
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	12
<input type="radio"/> Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	13
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	14
ADMINISTRATION/SUPERVISION	
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training-Provided, Documented, Individual Disabled Camper Needs	15
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16
<input type="radio"/> Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	17
<input type="radio"/> Valid Permit; Application; Enrollment Statement/Brochure	18
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	19
SEWAGE	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20
SHOWERS, TOILETS	
<input type="radio"/> Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21
<input type="radio"/> Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	22

POTABLE WATER	
For Inspection of On-site Public Water Systems, Complete DOH-4234 and Boilers 24, 29 and 30. Inspect the Water System Inspection and Record the Entire Section. DOH-4234 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<input type="radio"/> Sources Properly Developed and Protected	23
<input type="radio"/> Treatment - Adequate, Maintained, Cl Residual 1.2 ppm	24
<input type="radio"/> Adequate Water Quantity and Pressure	25
<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	26
<input type="radio"/> Modifications/Additions Approved	27
<input type="radio"/> Operation Records Maintained and Submitted	28
<input type="radio"/> Annual Start-Up Procedure Completed	29
<input type="radio"/> Water Quality, Monitoring Performed	30
MEDICAL	
<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff, Ratios Met	31
<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32
<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33
HOUSING	
<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34
<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guards	35
<input type="radio"/> Floor Area, Overcrowding; Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36
SWIMMING	
For Inspection of On-site Bathing Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. Additional form(s) Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Aquatic Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	37
<input type="radio"/> Approved Locations: Controlled Access; Lighting	38
<input type="radio"/> Buddy System/Checks; Board/Other System; Swim Ability Assessment; Triples; Lost Swimmer Plan	39
<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water; Areas Designated	40
<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drills	41
<input type="radio"/> Trip Swimming - Safety Plan; Acceptable Location; Parental Permission; Lifeguard Ratio/Area; Buddy Board System; Triples; Non-Swimmer Identification/Restriction	42
<input type="radio"/> Wilderness Swimming - Safety Plan; Parental Permission; Supervision; Environmental Conditions; Buddy Board System; Triples; Non-Swimmer Requirements, Equipment, Rules	43

RECREATIONAL SAFETY	
<input type="radio"/> Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan; Boats Registered	44
<input type="radio"/> Rifle - Qualified Instructor; Camper Age; Supervision; Range Location, Firing and Ready Lines, Backstop, Signs, Flags; Rifles/Equipment Maintenance and Storage	45
<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46
<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment; Animal-Disease Free, Compliance with DEC, A&M Laws	47
<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free; Activities Handicapped Accessible	48
<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49
<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50
<input type="radio"/> Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Construction - State and Local Laws Compliance Statement; Permit-Issuing Official Notification	52
<input type="radio"/> Building Standards; Electrical Safety; Tents Flame Retardant	53
<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
<input type="radio"/> Heating Sources - Installed; Maintained	57
<input type="radio"/> Flammable Liquids: Labeled; Stored	58
<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
FOOD	
For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Food Quantity/Quality Sufficient	60
GENERAL	
<input type="radio"/> Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
<input type="radio"/> Insect, Rodent, Bat and Wead Control	62
<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver; Inspection; Seat Belt Used; Capacity Not Exceeded; Tools; Safety Equipment; Supervision	64

Inspection By (signature): [Signature] PHS Report Received By: [Signature] Date: 7/24/14
 DOH-1815 (12/11) Nakachi Clark-Kasimu



POSTED

Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Oriole Mills Rd Red Hook Operator's Name: NAKACHI Clark-Kasimu
 Capacity: 62 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:
 Office Code: Operation ID: Month: 06 Day: 27 Year: 14 LHD/HIN: JSC013
 NYSDOH: Time spent conducting service: hr hr min min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		POTABLE WATER		RECREATIONAL SAFETY	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual Verbal Communication Provided	1	<input type="radio"/> Sources Properly Developed and Protected	1	<input type="radio"/> Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan; Boats Registered	43
<input type="radio"/> Safety Plan Implementation	2	<input type="radio"/> Treatment - Adequate, Maintained, CI Residual 0.6 ppm	24	<input type="radio"/> Rifle - Qualified Instructor; Camper Age; Supervision; Range-Location, Firing and Ready Lines, Backstop, Signs, Flags; Rifles/Equipment Maintenance and Storage	45
<input type="radio"/> Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Quantity	3	<input type="radio"/> Adequate Water Quantity and Pressure	25	<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4	<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	26	<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment; Animals-Disease Free, Compliance with DEC, A&M Laws	47
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5	<input type="radio"/> Modifications/Additions Approved	27	<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free; Activities Handicapped Accessible	48
<input type="radio"/> Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6	<input type="radio"/> Operation Records Maintained and Submitted	28	<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7	<input type="radio"/> Annual Start-Up Procedure Completed	29	<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8	<input type="radio"/> Sample taken	30	<input type="radio"/> Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
<input type="radio"/> Waterfront/Boating - Personal Flotation Device Usage	9	MEDICAL		CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Rifle/Archery - Adequate Range/Supervision	10	<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	31	<input type="radio"/> Construction - State and Local Laws Compliance Statement; Permit-Issuing Official Notification	52
<input type="radio"/> Horseback Riding - Adequate Equipment/Supervision	11	<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32	<input type="radio"/> Building Standards; Electrical Safety; Tents Flame Retardant	53
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	12	<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33	<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	13	HOUSING		<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	14	<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34	<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
ADMINISTRATION/SUPERVISION		<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	35	<input type="radio"/> Heating Sources - Installed; Maintained	57
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training Provided, Documented, Individual Disabled Camper Needs	15	<input type="radio"/> Floor Area, Overcrowding; Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36	<input type="radio"/> Flammable Liquids: Labeled; Stored	58
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16	SWIMMING		<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
<input type="radio"/> Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	17	<input type="radio"/> For Inspection of On-site Bathing Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. Additional form(s) Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	37	FOOD	
<input type="radio"/> Valid Permit, Application; Enrollment Statement/Brochure	18	<input type="radio"/> Aquate Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	38	For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	19	<input type="radio"/> Approved Locations: Controlled Access; Lighting	39	<input type="radio"/> Food Quantity/Quality Sufficient	60
SEWAGE		<input type="radio"/> Buddy System Checks; Board/Other System; Swim Ability Assessment; Trips; Lost Swimmer Plan	40	GENERAL	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20	<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water, Areas Designated	41	<input type="radio"/> Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
SHOWERS, TOILETS		<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drills	42	<input type="radio"/> Insect, Rodent, Bat and Weed Control	62
<input type="radio"/> Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21	<input type="radio"/> Trip Swimming - Safety Plan; Acceptable Location; Parental Permission; Lifeguard Ratio/Area; Buddy Board System; Triples; Non-Swimmer Identification/Restriction	43	<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	22	<input type="radio"/> Wilderness Swimming - Safety Plan; Parental Permission; Supervision; Environmental Conditions; Buddy/Board System; Triples, Non-Swimmer Requirements; Equipment, Use	44	<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver, Inspection; Seat Belt Used; Capacity Not Exceeded; Tools; Safety Equipment; Supervision	64

Inspection By (signature): [Signature] PHS Report Received By: [Signature] Date: 6/27/14
 NAKACHI Clark-Kasimu

33167

Facility Code: 0132314 Facility Name: CRS Red Hook Address: Orindlemills Rd Red Hook Operator's Name: Dan Atkins
Capacity: 70 Operation Name: Camp Rising Sun Red Hook Swim pool
Office Code: [] Operation ID: [] Month: 06 Day: 27 Year: 14 LHD/HIN: [] NYSDOH: [] HCS ID: JSC013 Time spent conducting service: [] hr [] hr [] min [] min
Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Water Supply	4 3
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Source Provided/Maintained Where Night Swimming is Allowed	6 3
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 3
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1
RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 1
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1
POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24 1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26 1
<input type="radio"/>	Adequate Water Depths For Diving/Slides/Whirlpools/Cleanances	27 3
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29 3
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water: 0	32 1
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33 1
<input type="radio"/>	Water Quality: Pool Clarity, Bottom/Sides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 3
SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation. Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 3
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3
Pool/Spa Water Temperature	[] [] [] °F	
Flow Meter Reading	[] [] [] [] [] []	gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 1
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 1
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 1
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 1
GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 1
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52 3
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 3
SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54 1
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55 1
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56 1
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57 1
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58 3
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59 3
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60 3
Supervision Level	<input checked="" type="radio"/> Ia <input type="radio"/> Ib <input type="radio"/> III <input type="radio"/> IV	
Temporary Residence/ Campground	<input type="radio"/>	
Homeowner Exemption	<input type="radio"/>	
WATER CHEMISTRY		
Free Cl/Br	[] [] [] [] [] []	mg/L
Combined Cl	[] [] [] [] [] []	mg/L
pH	[] [] [] [] [] []	
Total Alkalinity	[] [] [] [] [] []	mg/L
Calcium Hardness	[] [] [] [] [] []	mg/L

SIGNATURE OF INSPECTOR: [Signature] PHS
RECEIVED BY (SIGNATURE): [Signature] Daniel Atkins
DATE: 6-27-14



49

ESTABLISHMENT NAME: Camp Rising Sun Red Hook OPERATOR'S NAME: Joshua Krigelman
Address: TN/C Oriole Mills Rd Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

Office Code: _____ Operation ID: _____ Date of Service: Month 06 Day 27 Year 14 Capacity: _____

POSTED

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH REINSPECTION HACCP ONLY INCIDENT ILLNESS
HCS ID: 555013 Time spent conducting service: _____ hr _____ min

1A <input type="radio"/>	1B <input type="radio"/>	1C <input type="radio"/>	1D <input type="radio"/>	1E <input type="radio"/>	1F <input type="radio"/>	1G <input type="radio"/>	1H <input type="radio"/>	2A <input type="radio"/>	2B <input type="radio"/>	2C <input type="radio"/>	2D <input type="radio"/>	2E <input type="radio"/>	3A <input type="radio"/>	3B <input type="radio"/>	3C <input type="radio"/>	4A <input type="radio"/>	4B <input type="radio"/>	4C <input type="radio"/>
5A <input type="radio"/>	5B <input type="radio"/>	5C <input type="radio"/>	5D <input type="radio"/>	5E <input type="radio"/>	6A <input type="radio"/>	6B <input type="radio"/>	7A <input type="radio"/>	7B <input type="radio"/>	7C <input type="radio"/>	7D <input type="radio"/>	7E <input type="radio"/>	7F <input type="radio"/>	7G <input type="radio"/>	7H <input type="radio"/>				
8A <input type="radio"/>	8B <input type="radio"/>	8C <input type="radio"/>	8D <input type="radio"/>	8E <input type="radio"/>	8F <input type="radio"/>	8G <input type="radio"/>	9A <input type="radio"/>	9B <input type="radio"/>	9C <input type="radio"/>	9D <input type="radio"/>	10A <input type="radio"/>	10B <input type="radio"/>	11A <input type="radio"/>	11B <input type="radio"/>	11C <input type="radio"/>	11D <input type="radio"/>		
12A <input type="radio"/>	12B <input type="radio"/>	12C <input type="radio"/>	12D <input type="radio"/>	12E <input type="radio"/>	13A <input type="radio"/>	13B <input type="radio"/>	14A <input type="radio"/>	14B <input type="radio"/>	14C <input type="radio"/>	15A <input type="radio"/>	15B <input type="radio"/>	15C <input type="radio"/>	15D <input type="radio"/>	16 <input type="radio"/>				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Item Number	Corrections/Violations
	Discussed handwash glove use Cl ₂ sanitizer in use Cl ₂ 200 ppm
	Dishmachine wash 141°F Rinse 188°F
	Ground beef w-i-c 38°F
	Chili on stove 190°F

SIGNATURE OF INSPECTOR: Jessie PHS RECEIVED BY (SIGNATURE): Joshua Krigelman

60555



Scanned to DEM
7/22/14 EC

NY1330016

Public Water System Name <i>Camp Rising Sun Red Hook</i>		Date <i>06/27/2014</i> MM DD YY Y Y	Begin Time	End Time	Source type <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Street Address <i>Oriole Mills Rd Red Hook</i>		Town, Village, or City <i>Red Hook</i>	County <i>Dutchess</i>		
PWS# <i>1330016</i>	PWS Type <input type="checkbox"/> C <input checked="" type="checkbox"/> NC <input type="checkbox"/> NTNC <input type="checkbox"/> NP	Field Visit Type <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Pre-operational <input type="checkbox"/> Complaint <input type="checkbox"/> Incident/Illness <input type="checkbox"/> Reinspection <input type="checkbox"/> Sanitary Survey			Disinfection Waiver Issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

POSTED

Part 5 Section	Violation Description	SDWIS	STAT	Part 5 Section	Violation Description	SDWIS	STAT
5-1.12(a)	Failure to take appropriate actions for deteriorating source water quality or diminished effectiveness of treatment with potential for MCL violation	SA	1	5-1.23(c)	Failure to post Sanitary Code Section "5-1.23 Reporting Emergencies"	SF	3
5-1.22(a)	Construction or modification of facilities without DOH approval.	SB	3	5-1.28	Failure to protect blowoffs or discharge pipes from flooding.	SI	3
5-1.23(a)	Use of unapproved emergency source or alteration of treatment without DOH approval.	SD	3	5-1.33(a)	Inadequate or no water supply emergency plan (>\$125,000 of gross operating revenue)	SK	3
5-1.23(b)	Failure to notify State of disruption of water service for more than 4 hours.	SE	3	5-1.40	Failure to provide optimal corrosion control treatment or complete applicable corrosion control requirements.		3
ADM-2 PHH	Disruption of water service for more than 4 hours.	SR	3	5-1.42	Failure to monitor for lead and copper.	SI	3
5-1.25	Failure to disinfect repaired facilities before return to service	SG	1	5-1.44	Failure to deliver public education materials where lead action level is exceeded.	65	3
5-1.27	Inadequate distribution system pressure (20 psi).	SH	1	5-1.51(b)	Failure to monitor in accordance with 5-1.52 Tables.	SL	1
5-1.30(a)	Inadequate disinfection of a groundwater source.	07	1	5-1.51(c)	Failure to make notification in accordance with 5-1.52 Table 13.	05 06	1
5-1.30(b)	Failure to install filtration on a surface source after 6/29/93, unless avoidance criteria met.	42	3	5-1.72(b)	Operator not certified pursuant to Subpart 5-4	SQ	3
5-1.30(b) (2)	Inadequate disinfection of a surface water source or groundwater source influenced by surface water (minimum 0.2 mg/l at entry point)	41	3	5-1.72(c)	Failure to complete daily records of operation of a water system and submit copy to State by the 10 th day of the following reporting period.	09 10	1
5-1.30(g)	Failure to maintain free chlorine residual in distribution water system. <i>0.6</i>	07	1	5-1.72(d)	Failure to maintain records (sample results, reports, etc.)	09	1
5-1.31(a)	Failure to protect distribution system from cross connection.	SJ	3	5-1.72(f)	Failure to provide an Annual Water Quality Report (for year _____).	71	3
5-1.32	Uncovered reservoir without adequate post disinfection.	47	3	5-1.77(a)	Failure to notify State of public health hazard.	05	3
5-1.51(a)	MCL exceeded per 5-1.52 Tables 1-7 (Use Code 22)	02	1	5-177(b)	Failure to make public notification of public health hazard.	06	3
5-1.52	<i>See notes for all other contaminants</i>	22		5-4.2	No certified operator in charge of water treatment plant.	SQ	3
5-1.71(b)	Failure to exercise due care and diligence in the operation and maintenance of water treatment plant or distribution system.	SO	1				
5-1.71(a)	Failure to exercise due care and diligence in the maintenance and supervision of all sources to prevent pollution and depletion.	SN	1				

Chlorine Residual *0.6* ppm (Point of collection *Kitchen Sink*)

Comments:
Bacteriological + Nitrate water samples taken on 6/26/14

Completed by: *Jessie PHS* Received by: *Abraham Clark-Kosimov* Date *6/27/14*

- Status Codes: 1. No violations observed
2. All or parts of the item are violations
3. Item was not applicable/reviewed/observed

5. Part or parts of the item were observed to be in violation which were corrected at the time of the inspection

Facility Code: 0132314 Facility Name: CRS Red Hook Address: Oriskany Mills Rd Red Hook Operator's Name: Barry Fulton

Capacity: 60 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:

Office Code: Operation ID: 080813 Month: 08 Day: 08 Year: 13 HCS ID: 550013 Time spent conducting service: hr hr min min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3
<input type="radio"/>	Adequate Potable Water Supply	4
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5
<input type="radio"/>	Emergency Lighting Source Provided/Maintained Where Night Swimming is Allowed	6
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7
<input type="radio"/>	Pool Bottom Visible	8
<input type="radio"/>	Proper Depth Markings Present	9
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12
<input type="radio"/>	Main Drain Grate Adequate - In Place	13
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14
<input type="radio"/>	Other	15
RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18
<input type="radio"/>	Operation Records Maintained - Submitted	19
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20
POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26
<input type="radio"/>	Adequate Water Depths For Lining/Slides/Stairing Blocks, Clearances	27
<input type="radio"/>	Equipment/Appurtenances Maintained, Ladders/Steps Provided, Structural Defects Absent	28
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers in Water	32
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38
<input type="radio"/>	Test Kits/Testing - Adequate	39
<input type="radio"/>	Indoor Pools Adequately Ventilated	40
SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation, Water Temperature, Alarm, Drained	41
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44
Pool/Spa Water Temperature		°F
Flow Meter Reading	475	gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49
GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System	52
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53
SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60
Supervision Level	<input checked="" type="radio"/> Ila <input type="radio"/> I Ib <input type="radio"/> III <input type="radio"/> IV	
Temporary Residence/ Campground	<input type="radio"/>	
Homeowner Exemption	<input type="radio"/>	
WATER CHEMISTRY		
Free Cl/Br	1.5	mg/L
Combined Cl		mg/L
pH	7.4	
Total Alkalinity		mg/L
Calcium Hardness		mg/L

SIGNATURE OF INSPECTOR: [Signature] PHS

RECEIVED BY (SIGNATURE): [Signature]

DATE: 8/8/13



NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Children's Camp Inspection Report

A Review of Compliance with Subpart 7-2 of the New York State Sanitary Code

Facility Code: 0132314 Facility Name: CRS Red Hook Address: Red Hook Oriole Mills Rd Operator's Name: Barry Fulton
Capacity: 60 Operation Name: Camp Rising Sun Red Hook
Office Code: POSTED Month: 08 Day: 08 Year: 13 LHD/HIN: JSC013 NYSDOH: [] [] [] []

Service Type: INSPECTION (X) REINSPECTION () PRE-OPERATIONAL () COMPLAINT () FIELD VISIT () INCIDENT () ILLNESS ()
Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes () No (X)

PUBLIC HEALTH HAZARDS table with 14 rows and 2 columns (Description, Count). Includes items like Supervision - Staff Qualifications, Safety Plan Implementation, Water Supply, Sewage System, etc.

POTABLE WATER table with 10 rows and 2 columns (Description, Count). Includes items like Inspection of On-site Potable Water Systems, Treatment Adequate, Adequate Water Quantity, etc.

RECREATIONAL SAFETY table with 10 rows and 2 columns (Description, Count). Includes items like Special Waterfront Activities, Rifle/Archery, Horseback Riding, etc.

MEDICAL table with 3 rows and 2 columns (Description, Count). Includes items like Health Personnel, Camper Medical History, etc.

CONSTRUCTION, ELECTRICAL & FIRE SAFETY table with 8 rows and 2 columns (Description, Count). Includes items like Construction - State and Local Laws, Building Standards, etc.

HOUSING table with 6 rows and 2 columns (Description, Count). Includes items like Maintenance - Safe, Adequate, Cleanable, etc.

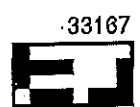
SWIMMING table with 8 rows and 2 columns (Description, Count). Includes items like For Inspection of On-site Bathing Facilities, etc.

ADMINISTRATION/SUPERVISION table with 5 rows and 2 columns (Description, Count). Includes items like Personnel - Qualified Director, Adequate Supervision, etc.

SEWAGE table with 1 row and 2 columns (Description, Count). Includes item: Facilities Provided, Maintained, No Sewage on Ground.

SHOWERS, TOILETS table with 2 rows and 2 columns (Description, Count). Includes items: Showers-Provided, Toilets, Privies, Lavatories-Provided.

Inspector: [Signature] P.H.S. Date: 8/8/13 Operator: Barry Fulton



ESTABLISHMENT NAME: Camp Rising Sun Red Hook OPERATOR'S NAME: Barry Fulton
Address: TMIC Oriole Mills Rd Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

SUBPART 14-1

Office Code: _____ Operation ID: POSTED Date of Service: Month 08 Day 08 Year 13 Capacity: 80

Service Type:

- INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT
REINSPECTION HACCP ONLY INCIDENT ILLNESS

Inspector's ID: 55C013

Time spent conducting service
hr _____ min _____

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only):
Reinspection Field Visit Sampling Meeting Date: _____ Service By (Inspector ID): _____

Item Number	Corrections/Violations
	observed hand wash glove use Sanitizer in use 100 ppm dish machine wash 154°F Rinse 183°F
	bacteriological water sample taken Free Cl ₂ = 0.6
	Cheese macaroni salad w/ice 36°F Cooked chicken 170°F

SIGNATURE OF INSPECTOR: [Signature] RECEIVED BY (SIGNATURE): [Signature] Tom Manforte

Facility Code: 0132314 Facility Name: Camp Rising Sun Red Hook Address: Red Hook Operator's Name: Barry Fulton
Capacity: 60 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:
Office Code: POSTED Operation ID: 07 Month: 19 Year: 13 HCS ID: JSC 013 Time spent conducting service: hr hr min min
LHD/HIN NYSDOH

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS
Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/> Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1	1
<input type="radio"/> Minimum Disinfectant Residual Provided	2	1
<input type="radio"/> Continuous Operation of Filtration and Disinfection Equipment	3	1
<input type="radio"/> Adequate Potable Water Supply	4	1
<input type="radio"/> Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5	1
<input type="radio"/> Emergency Lighting Source Provided/Maintained Where Night Swimming is Allowed	6	3
<input type="radio"/> Lifesaving Equipment Present at Pool Deck	7	1
<input type="radio"/> Pool Bottom Visible	8	1
<input type="radio"/> Proper Depth Markings Present	9	1
<input type="radio"/> No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10	3
<input type="radio"/> Pool Area Properly Enclosed and Secured	11	1
<input type="radio"/> No Unapproved Chemicals or Methods of Application	12	1
<input type="radio"/> Main Drain Grate Adequate - In Place	13	1
<input type="radio"/> No Glass/Sharp Objects In Pool or Deck Area	14	1
<input type="radio"/> Other	15	1

RECORDS/SIGNS		
<input type="radio"/> Valid Permit to Operate - Posted	16	1
<input type="radio"/> Injury/Illness Reporting - Log Book Maintained	17	1
<input type="radio"/> Pool Safety Plan Developed/Implemented/Updated	18	1
<input type="radio"/> Operation Records Maintained - Submitted	19	1
<input type="radio"/> Regulations Posted - Capacity, Spa Warning, White Water Slide	20	1

POOL OPERATION & MAINTENANCE		
<input type="radio"/> Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23	1
<input type="radio"/> Pool Fenced, Self-Closing/Self Latching Gates or Doors	24	1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/> Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25	1
<input type="radio"/> Float Line, Depth and Safety Markings Provided	26	1
<input type="radio"/> Adequate Water Depths For Diving/Sides/Starting Blocks, Clearances	27	3
<input type="radio"/> Equipment/Appurtenances Maintained, Ladders/Steps Provided, Structural Defects Absent	28	1
<input type="radio"/> Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29	3
<input type="radio"/> Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30	1
<input type="radio"/> Adequate Lighting, Surface Glare & Reflection Prevented	31	1
<input type="radio"/> Number of Bathers Controlled - Capacity Not Exceeded. # Bathers in Water	32	1
<input type="radio"/> Main Drain Grate Secured in Place - Good Repair	33	1
<input type="radio"/> Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34	1
<input type="radio"/> Pool Water Level Maintained for Adequate Surface Skimming	35	1
<input type="radio"/> Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36	1
<input type="radio"/> Pool Inlets Provide Adequate Mixing	37	1
<input type="radio"/> Disinfection Treatment/Chemical Treatment	38	1
<input type="radio"/> Test Kits/Testing - Adequate	39	1
<input type="radio"/> Indoor Pools Adequately Ventilated	40	3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/> Spa Pool Operation, Water Temperature, Alarm, Drained	41	3
<input type="radio"/> Pools for Physically Disabled, Properly Operated/Maintained	42	3
<input type="radio"/> Movable Bottom Pools Properly Operated/Maintained	43	3
<input type="radio"/> White Water Slides Properly Operated/Maintained	44	3

Pool/Spa Water Temperature: °F
Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/> Adequate Turnover Rate	45	1
<input type="radio"/> Filters Properly Operated, Maintained; Flow Meter Maintained	46	1
<input type="radio"/> Chemical Feed Equipment Operated/Maintained	47	1
<input type="radio"/> Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48	3
<input type="radio"/> Chemicals Approved, Proper Storage/Handling/Labeling	49	1

GENERAL		
<input type="radio"/> Bathhouse/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50	1
<input type="radio"/> Furnished Suits and Towels Properly Laundered	51	3
<input type="radio"/> Potable Water Supply Acceptable, Sewage System Adequate	52	1
<input type="radio"/> Construction, Additions, or Modifications to Pool Approved	53	3

SUPERVISION / STAFF		
<input type="radio"/> Qualified Pool Operator on Duty	54	1
<input type="radio"/> Qualified Supervision - Level I, Level II, Level III, Level IV	55	1
<input type="radio"/> Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56	1
<input type="radio"/> Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57	1
<input type="radio"/> Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58	3
<input type="radio"/> Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59	3
<input type="radio"/> Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60	3

Supervision Level: Ia Ib III IV
Temporary Residence/ Campground:
Homeowner Exemption:

WATER CHEMISTRY		
Free Cl/Br	1.0	mg/L
Combined Cl	.	mg/L
pH	7.4	
Total Alkalinity		mg/L
Calcium Hardness		mg/L

SIGNATURE OF INSPECTOR: [Signature]
RECEIVED BY (SIGNATURE): Barry Fulton DATE: 7/19/13

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Community Environmental Health and Food Protection

Children's Camp Inspection Report

A Review of Compliance with Subpart 7-2 of the New York State Sanitary Code

0132314

Facility Code: 274309 Facility Name: Camp Rising Sun Address: Red Hook Operator's Name: Barry Fulton
 Capacity: 60 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:
 Office Code: POSTED Operation ID: Month: 07 Day: 19 Year: 13 LHD/HIN: JSC013 NYSDOH: Time spent conducting service: hr hr min min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual/Verbal Communication Provided	1
<input type="radio"/> Safety Plan Implementation	2
<input type="radio"/> Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Quantity	3
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5
<input type="radio"/> Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8
<input type="radio"/> Waterfront/Boating - Personal Flotation Device Usage	9
<input type="radio"/> Rifiery/Archery - Adequate Range/Supervision	10
<input type="radio"/> Horseback Riding - Adequate Equipment/Supervision	11
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	12
<input type="radio"/> Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	13
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	14
ADMINISTRATION/SUPERVISION	
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training Provided, Documented, Individual Disabled Camper Needs	15
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16
<input type="radio"/> Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	17
<input type="radio"/> Valid Permit; Application; Enrollment Statement/Brochure	18
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	19
SEWAGE	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20
SHOWERS, TOILETS	
<input type="radio"/> Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21
<input type="radio"/> Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	22

POTABLE WATER	
For Inspection of On-site Public Water Systems, Complete DOH-4234 and Boxes 24, 25, 26, 27, and 28. For Drinking Water System Under Construction, Complete DOH-4234 and Boxes 29, 30, 31, 32, 33, and 34. DOH-4234 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<input type="radio"/> Sources Properly Developed and Protected	23
<input type="radio"/> Treatment - Adequate, Maintained, CI Residual 0.8 ppm	24
<input type="radio"/> Adequate Water Quantity and Pressure	25
<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	26
<input type="radio"/> Modifications/Additions Approved	27
<input type="radio"/> Operation Records Maintained and Submitted	28
<input type="radio"/> Annual Start-Up Procedure Completed	29
<input type="radio"/> Water Quality, Monitoring Performed	30
MEDICAL	
<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	31
<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32
<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33
HOUSING	
<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34
<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	35
<input type="radio"/> Floor Area, Overcrowding; Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36
SWIMMING	
For Inspection of On-site Bathing Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. Additional form(s) Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Aquatic Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	37
<input type="radio"/> Approved Locations: Controlled Access; Lighting	38
<input type="radio"/> Buddy System/Checks; Board/Other System; Swim Ability Assessment; Trip(s); Lost Swimmer Plan	39
<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water, Areas Designated	40
<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drills	41
<input type="radio"/> Trip Swimming - Safety Plan; Acceptable Location; Parental Permission; Lifeguard Ratio/Area; Buddy/Board System; Trip(s); Non-Swimmer Identification/Restriction	42
<input type="radio"/> Wilderness Swimming - Safety Plan; Parental Permission; Supervision; Environmental Conditions; Buddy/Board System; Trip(s); Non-Swimmer Requirements, Equipment, Rules	43

RECREATIONAL SAFETY	
<input type="radio"/> Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan; Boats Registered	44
<input type="radio"/> Rifiery - Qualified Instructor; Camper Age; Supervision; Range-Location, Firing and Ready Lines, Backstop, Signs, Flags; RFI's/Equipment Maintenance and Storage	45
<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46
<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment; Animals-Disease Free, Compliance with DEC, A&M Laws	47
<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free; Activities Hand-capped Accessible	48
<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49
<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50
<input type="radio"/> Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Construction - State and Local Laws Compliance Statement; Permit-Issuing Official Notification	52
<input type="radio"/> Building Standards; Electrical Safety; Tents Flame Retardant	53
<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
<input type="radio"/> Heating Sources - Installed; Maintained	57
<input type="radio"/> Flammable Liquids: Labeled; Stored	58
<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
FOOD	
For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Food Quantity/Quality Sufficient	60
GENERAL	
<input type="radio"/> Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
<input type="radio"/> Insect, Rodent, Bat and Weed Control	62
<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver, Inspection; Seat Belt Used; Capacity Not Exceeded; Tool's; Safety Equipment; Supervision	64

Inspection By (signature): [Signature] Report Received By: [Signature] Date: 7/19/13

33167



ESTABLISHMENT NAME: Camp Rising Sun Hook OPERATOR'S NAME: Tom Manforte

Address: T/V/C Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

Office Code: _____ Operation ID: POSTED Date of Service: Month 07 Day 19 Year 13 Capacity: ~70

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
 REINSPECTION HACCP ONLY INCIDENT ILLNESS

HCS ID: JSC013 Time spent conducting service: _____ hr _____ min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Item Number	Corrections/Violations
<i>(Diagonal line across the table)</i>	
	Observed hand washing Glove use Sanitizer rinse > 200 ppm
	dish machine wash 154°F Sanitizer rinse 100-150 ppm
	Hand boiled eggs, raw chicken w-i-c 38°F Ribs - 165°F

SIGNATURE OF INSPECTOR: [Signature]

RECEIVED BY (SIGNATURE): [Signature]

Thomas Manforte

Facility Code: 0132314 Facility Name: CRS Red Hook Address: Oriole Mills Rd Operator's Name: Dan Atkins

Capacity: 70 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:

Office Code: Operation ID: Month: 06 Day: 26 Year: 13 HCS ID: JSC013 Time spent conducting service: hr min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3
<input type="radio"/>	Adequate Potable Water Supply	4
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5
<input type="radio"/>	Emergency Lighting Source Provided/Maintained	6
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7
<input type="radio"/>	Pool Bottom Visible	8
<input type="radio"/>	Proper Depth Markings Present	9
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12
<input type="radio"/>	Main Drain Grate Adequate - In Place	13
<input type="radio"/>	No Glass/Sharp Objects in Pool or Deck Area	14
<input type="radio"/>	Other	15

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18
<input type="radio"/>	Operation Records Maintained - Submitted	19
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20

POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26
<input type="radio"/>	Adequate Water Depths For Diving/Slides/Starting Blocks, Clearances	27
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water	32
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38
<input type="radio"/>	Test Kits/Testing - Adequate	39
<input type="radio"/>	Indoor Pools Adequately Ventilated	40

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation, Water Temperature, Alarm, Drained	41
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44

Pool/Spa Water Temperature: °F
Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49

GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53

SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60

Supervision Level: Ila Iib III IV
Temporary Residence/Campground: Homeowner Exemption:

WATER CHEMISTRY		
Free Cl/Br	<u>1.0</u> mg/L	
Combined Cl	<u> </u> mg/L	
pH	<u>7.6</u>	
Total Alkalinity	<u> </u> mg/L	
Calcium Hardness	<u> </u> mg/L	

SIGNATURE OF INSPECTOR: [Signature]
RECEIVED BY (SIGNATURE): [Signature] DATE: 6/26/13

ESTABLISHMENT NAME: Camp Rising Sun Red Hook OPERATOR'S NAME: Tom Manforte

Address: T/V/C Oriole Mills Rd Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

Office Code: _____ Operation ID: 10010 Month: 06 Day: 18 Year: 13 Capacity: 80

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH REINSPECTION HACCP ONLY INCIDENT ILLNESS

HCS ID: 550013 Time spent conducting service: _____ hr _____ min

1A <input type="radio"/>	1B <input type="radio"/>	1C <input type="radio"/>	1D <input type="radio"/>	1E <input type="radio"/>	1F <input type="radio"/>	1G <input type="radio"/>	1H <input type="radio"/>	2A <input type="radio"/>	2B <input type="radio"/>	2C <input type="radio"/>	2D <input type="radio"/>	2E <input type="radio"/>	3A <input type="radio"/>	3B <input type="radio"/>	3C <input type="radio"/>	4A <input type="radio"/>	4B <input type="radio"/>	4C <input type="radio"/>
5A <input type="radio"/>	5B <input type="radio"/>	5C <input type="radio"/>	5D <input type="radio"/>	5E <input type="radio"/>	6A <input type="radio"/>	6B <input type="radio"/>	7A <input type="radio"/>	7B <input type="radio"/>	7C <input type="radio"/>	7D <input type="radio"/>	7E <input type="radio"/>	7F <input type="radio"/>	7G <input type="radio"/>	7H <input type="radio"/>				
8A <input type="radio"/>	8B <input type="radio"/>	8C <input type="radio"/>	8D <input type="radio"/>	8E <input type="radio"/>	8F <input type="radio"/>	8G <input type="radio"/>	9A <input type="radio"/>	9B <input type="radio"/>	9C <input type="radio"/>	9D <input type="radio"/>	10A <input type="radio"/>	10B <input type="radio"/>	11A <input type="radio"/>	11B <input type="radio"/>	11C <input type="radio"/>	11D <input type="radio"/>		
12A <input type="radio"/>	12B <input type="radio"/>	12C <input type="radio"/>	12D <input type="radio"/>	12E <input type="radio"/>	13A <input type="radio"/>	13B <input type="radio"/>	14A <input type="radio"/>	14B <input type="radio"/>	14C <input type="radio"/>	15A <input type="radio"/>	15B <input type="radio"/>	15C <input type="radio"/>	15D <input type="radio"/>	16 <input type="radio"/>				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

Item Number	Corrections/Violations
<i>(Diagonal line across the table)</i>	
	Observed hand washing, glove use, Sanitizer in use
	Dishmachine wash 155°F
	Rinse 182°F + Cl2
	Raw Chicken, Pizza w-i-c 36°F

SIGNATURE OF INSPECTOR: [Signature] PHS

RECEIVED BY (SIGNATURE): [Signature]
THOMAS MANFORTE



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 Environmental Health Services Division
 387 Main Street, Poughkeepsie, NY 12601
 Tel: (845) 486-3404 Fax: (845) 486-2969
 e-mail: WEP@co.dutchess.ny.us

WATER SYSTEM FIELD COMPLIANCE REPORT

PWS Name <i>Camp Rising Sun Red Hook</i>	Phone	Date <i>6/18/13</i>
Street Address <i>Oniole Mills Red Hook</i>	Disinfection Waiver ___ Y ___ N Exp ___ / ___ / ___	C <input checked="" type="radio"/> NO NTNC NP
Town <i>Red Hook</i>		<input checked="" type="radio"/> GW GUDI SW
e-mail		

Part 5	Violation	SDWIS Code	Status	Compliance Date (no later than)
5-1.12(a)	Failure to take appropriate actions in response to deteriorating source water quality or diminished effectiveness of treatment	SA	1	
5-1.22(a)	Construction or modification of water system prior to obtaining Department of Health approval	SB	3	
5-1.23(a)	Failure to notify Department of Health prior to use of emergency source or alteration of treatment process	SD	3	
5-1.30(a)	Failure to provide minimum disinfection of a ground water source.	ND	1	
5-1.30(a)	Inadequate disinfection of ground water source (chlorinator or UV inoperative)	07	1	
5-1.30(g)	Failure to maintain free chlorine residual at representative points in the distribution system	NR	1	
5-1.31	Failure to protect water distribution system from cross-connections	SJ	1	
5-1.51(a)	Maximum Contaminant Level Exceeded (Bacteria) <i>Sample Taken</i>	21 22	3	
5-1.51(a)	Maximum Contaminant Level Exceeded (Chemical)	02	3	
5-1.71(a)	Failure to exercise due care and diligence in the maintenance and supervision of water sources (well)	SN	1	
5-1.71(b)	Failure to exercise due care and diligence in the operation and maintenance of the water system	SO	1	
5-1.42	Failure to monitor for lead and copper	51-Initial 52-Routine	3	
5-1.51(b)	Failure to monitor for contaminants as required	03 23 24	1	
5-1.51(c)	Failure to notify the public as required in Table 13	06	3	
5-1.72	Failure to maintain records; or complete and submit water operation report monthly by 10th of the following month	09 10	1	
5-1.72 (b)	Operator not certified pursuant to Subpart 5-4	SQ	3	
	Failure to take precautionary measures to protect public health	SS	1	

Status codes: 1. No violations observed; 2. All or parts of item in violation; 3. Item not reviewed/observed; 5. Item corrected during inspection; N/A Not Applicable

Posted SDWIS: CNST INVG INFI RCDR RSCH SITE SNSV

Report Prepared By: Report Received By: Date

Signature	<i>J. Crifford</i>	<i>Daniel Atkins</i>	<i>6/18/13</i>
Print	J. Crifford	Daniel Atkins	6-18-13

Facility Code 0132314	Facility Name CRS Red Hook	Address Oriole Mills Rd	Operator's Name Barry Fulton
Capacity 60	Operation Name Camp Raising Sun Red Hook	Time Began	Time Ended
Office	Operation ID: 11	Month 06	Day 18
	Date of Service	Year 13	Inspector's ID JSC 013
Service Type: <input type="radio"/> INSPECTION <input type="radio"/> REINSPECTION <input type="radio"/> PRE-OPERATIONAL <input checked="" type="radio"/> COMPLAINT <input type="radio"/> FIELD VISIT <input type="radio"/> INCIDENT <input type="radio"/> ILLNESS <input type="radio"/>		Time spent conducting service	

Number of Red Violations Found 00	Total Red Violations Not Corrected NA	Number of Blue Violations Found 00	Reinspection Required <input type="radio"/> Yes <input type="radio"/> No
---	---	--	--

Future Service (Office Use Only):

Reinspection Field Visit Sampling Meeting Date: _____

PUBLIC HEALTH HAZARDS	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual/Verbal Communication Provided	1
<input type="radio"/> Safety Plan Implementation	2
<input type="radio"/> Water Supply - Approved Sources, Adequate Protection, Treatment, Quality, Quantity	3
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director, Developmentally Disabled Camper Medication Administered by Qualified Staff	5
<input type="radio"/> Transportation - Truck and Trailer; Sec Transportation Prohibited; Counselor Supervision in Vehicles	6
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Management, Diving, Buddy System and Egress System, Non-Swimmer Depth Restriction	3
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	3
<input type="radio"/> Waterfront/Boating - Personal Flotation Device Usage	3
<input type="radio"/> Rifle/Archery - Adequate Range, Supervision	3
<input type="radio"/> Horseback Riding - Adequate Equipment, Supervision	3
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	1
<input type="radio"/> Adequate Installation of Heat Producing Equipment, Storage of Flammable and Toxic Substances	1
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	1
ADMINISTRATION/SUPERVISION	
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training, Staff Training Provided, Documented, Individualized Disabled Camper Needs	3
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	1
<input type="radio"/> Personnel Records, Resumes on File, Communicable Disease Center, Criminal Justice Service Check	3
<input type="radio"/> Valid Permit; Application; Enrollment Statement/Brochure	1
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	1
SEWAGE	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	1
SHOWERS, TOILETS	
<input type="radio"/> Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	1
<input type="radio"/> Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	1

POTABLE WATER	
For Inspection of On-site Public Water Systems, Complete DOH-4234 and Boxes 24, 29 and 30. For Individual Onsite Water System Inspections, Complete this Entire Section. DOH-4234 Completed? Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<input type="radio"/> Sources Properly Developed and Protected	23
<input type="radio"/> Treatment - Adequate, Maintained, Cl Residual 0.8 ppm	24
<input type="radio"/> Adequate Water Quantity and Pressure	25
<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	26
<input type="radio"/> Modifications/Additions Approved	27
<input type="radio"/> Operation Records Maintained and Submitted	28
<input type="radio"/> Annual Start-Up Procedure Completed	29
<input type="radio"/> Water Quality, Monitoring Performed	30
MEDICAL	
<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	31
<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32
<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33
HOUSING	
<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34
<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	35
<input type="radio"/> Floor Area, Overcrowding; Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36
SWIMMING	
For Inspection of On-site Swimming Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. (See Section 7-2.1.1) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="radio"/> Aquatic Director, Lifeguards, Progression Swimming Instructor, Counselor, Qualified, Ratios, Duties	37
<input type="radio"/> Approved Locations: Controlled Access; Lighting	38
<input type="radio"/> Buddy System/Checks; Board/Other System; Swim Ability Assessment; Triples; Lost Swimmer Plan	39
<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water; Areas Designated	40
<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drills	41
<input type="radio"/> Trip Swimming - Safety Plan; Acceptable Location; Parental Permission; Lifeguard Ratio/Approved Buddy Board System, Triples; Non-Swimmer Identification/Restriction	42
<input type="radio"/> Wilderness Swimming - Safety Plan; Parental Permission; Supervision; Environmental Conditions; Buddy Board System, Triples, Non-Swimmer Requirements, Equipment, Rules	43

RECREATIONAL SAFETY	
<input type="radio"/> Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan, Boats Registered	44
<input type="radio"/> Rifle/Archery - Qualified Instructor, Camper Age, Supervision; Range-Location, Firing and Ready Lines, Backstop, Signs, Flags; Rifles/Equipment Maintenance and Storage	45
<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46
<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment, Animals-Disease Free, Compliance with DEC, A&M Laws	47
<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free; Activities Handicapped Accessible	48
<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR, Counselor Ratios, Passports, Rules Cont	49
<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR, Counselor Ratios, Safety Plan, Rules Cont	50
<input type="radio"/> Incidental Water Immersion - Safety Plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Construction - State and Local Laws Compliance Statement; Permit-Issuing Official Notification	52
<input type="radio"/> Building Standards; Electrical Safety; Tennis Flame Retardant	53
<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
<input type="radio"/> Heating Sources - Installed, Maintained	57
<input type="radio"/> Flammable Liquids: Labeled, Stored	58
<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
FOOD	
For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Food Quantity/Quality Sufficient	60
GENERAL	
<input type="radio"/> Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
<input type="radio"/> Insect, Rodent, Bat and Weed Control	62
<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver, Inspection; Seat Belts Used; Capacity Not Exceeded; Tools; Supervision	64

Inspection By (signature) [Signature]	Report Received by: [Signature]	Date 6/18/13
---	---	------------------------



DUTCHESS COUNTY DEPARTMENT OF HEALTH
Environmental Health Services Division
387 Main Street, Poughkeepsie, NY 12601
Tel: (845) 486-3404 Fax: (845) 486-2969
e-mail: WEP@co.dutchess.ny.us

Inspection Continuation Sheet

Fac PWS Name Camp Rising Sun Red Hook	DATE Mo. Day Yr. 06/18/13	Page ___ of ___
---	---------------------------------	-----------------

REMARKS:

~~Camp~~
1) staff in process of being certified for lifeguard
CPR / First Aid / AED

- 15) Director in certification classes today
- 17) Criminal justice service check in process
- 37) Aquatics director in certification classes today
- 49) staff in certification classes today
- 50) staff in certification classes today

* Camp opens on 6/22/13 - ALL certifications to be faxed to this Department before Camp opens and operates
FAX certifications to
Joe Clifford 845-677-4008

The swimming pool is not open yet and will require a satisfactory pre-operational inspection before swimming is permitted.

The Camp shall not open and operate until I receive all current and acceptable certifications. I will give confirmation once all certifications / Criminal justice service checks are received.

Report Prepared By:

Report Received By:

Date

Signature

Print

		6/18/13
J. Clifford	Barrington Fulton "Barry"	6/18/13

V9

43

PWS #: NY 1330016



DUTCHESS COUNTY DEPARTMENT OF HEALTH
Environmental Health Services Division
387 Main Street, Poughkeepsie, NY 12601
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e-mail: WEP@co.dutchess.ny.us

WATER SYSTEM FIELD COMPLIANCE REPORT

POSTED

PWS Name	CAMP RISING SUN RM	Phone		Date	6-28-12
Street Address		Disinfection Waiver ___ Y ___ N	Exp	C <u>NC</u> NTNC NP	<u>GW</u> GUDI SW
Town	REDHOOK				
e-mail					

Part 5	Violation	SDWIS Code	Status	Compliance Date (no later than)
5-1.12(a)	Failure to take appropriate actions in response to deteriorating source water quality or diminished effectiveness of treatment	SA	1	}
5-1.22(a)	Construction or modification of water system prior to obtaining Department of Health approval	SB	1	
5-1.23(a)	Failure to notify Department of Health prior to use of emergency source or alteration of treatment process	SD	1	
5-1.30(a)	Failure to provide minimum disinfection of a ground water source.	ND	1	
5-1.30(a)	Inadequate disinfection of ground water source (chlorinator or UV inoperative)	07	1	
5-1.30(g)	Failure to maintain free chlorine residual at representative points in the distribution system	NR	1	
5-1.31	Failure to protect water distribution system from cross-connections	SJ		
5-1.51(a)	Maximum Contaminant Level Exceeded (Bacteria)	21 22	2	
5-1.51(a)	Maximum Contaminant Level Exceeded (Chemical)	02	1	
5-1.71(a)	Failure to exercise due care and diligence in the maintenance and supervision of water sources (well)	SN	1	
5-1.71(b)	Failure to exercise due care and diligence in the operation and maintenance of the water system	SO	1	
5-1.42	Failure to monitor for lead and copper	51-Initial 52-Routine	3	}
5-1.51(b)	Failure to monitor for contaminants as required	03 23 24	3	
5-1.51(c)	Failure to notify the public as required in Table 13	06	1	
5-1.72	Failure to maintain records; or complete and submit water operation report monthly by 10th of the following month	09 10	1	
5-1.72 (b)	Operator not certified pursuant to Subpart 5-4	SQ	1	
	Failure to take precautionary measures to protect public health	SS	1	

TO BE DETERMINE!

Status codes: 1. No violations observed; 2. All or parts of item in violation; 3. Item not reviewed/observed; 5. Item corrected during inspection; N/A Not Applicable

Posted SDWIS: CNST INVG INFI RCDR RSCH SITE SNSV

Report Prepared By:	Report Received By:	Date
Signature: <i>Scott D. Michaels</i>	<i>[Signature]</i>	6-28-12
Print: SCOTT D MICHAELS		



PWS #: NY 1330016



DUTCHESS COUNTY DEPARTMENT OF HEALTH
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Inspection Continuation Sheet

PWS Name	CAMP RISING SUN RH	DATE	Mo.	Day	Yr.	Page	2 of 2
			10	6	28		

REMARKS: VITAL & REPEAT WATER SAMPLES, FROM BOTH WELLS, INDICATE PRESENCE OF E. COLI BACTERIA
THIS IS A VIOLATION OF "THE GROUNDWATER RULE"
THEREFORE

- * CONTINUE BOTTLED / BOILED WATER USE FOR ALL CONSUMPTION, FOOD & DRINK PREP, INCLUDING ICE. (INITIATED AFTER FIRST WELL SAMPLES)
- * POST NOTICE TO ASSURE ALL CONSUMERS ARE INFORMED
- * PROVIDE "4 LOG INACTIVATION" CHLORINATION DISINFECTION (OR PROVE EXISTING SYSTEM MEETS THESE STANDARDS)
- * CONTINUE TO USE BOTTLED / BOILED WATER UNTIL OTHERWISE DIRECTED BY THIS DEPT.

? QUESTIONS? SCOTT MICHAELS 845-677-4011 (SANITARIAN)
KATHY SCHINELLA 845-677-4012 (DIST. SUPERVISOR)

Report Prepared By:	Report Received By:	Date
Signature:		6/28/12
Print		



PWS #: NY 1330016



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 Environmental Health Services Division
 387 Main Street, Poughkeepsie, NY 12601
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WATER SYSTEM FIELD COMPLIANCE REPORT

POSTED

PWS Name <u>CAMPBISINGSON RH</u>	Phone	Date <u>6.20.12</u>
Street Address	Disinfection Waiver <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Exp <u>N/A</u>	C <input checked="" type="checkbox"/> NC <input type="checkbox"/> NTNC <input type="checkbox"/> NP
Town <u>RED HOOK</u>		<input checked="" type="checkbox"/> GW <input type="checkbox"/> GUDI <input type="checkbox"/> SW
e-mail		

Part 5	Violation	SDWIS Code	Status	Compliance Date (no later than)
5-1.12(a)	Failure to take appropriate actions in response to deteriorating source water quality or diminished effectiveness of treatment	SA		
5-1.22(a)	Construction or modification of water system prior to obtaining Department of Health approval	SB		
5-1.23(a)	Failure to notify Department of Health prior to use of emergency source or alteration of treatment process	SD		
5-1.30(a)	Failure to provide minimum disinfection of a ground water source.	ND		
5-1.30(a)	Inadequate disinfection of ground water source (chlorinator or UV inoperative)	07		
5-1.30(g)	Failure to maintain free chlorine residual at representative points in the distribution system	NR		
5-1.31	Failure to protect water distribution system from cross-connections	SJ		
5-1.51(a)	Maximum Contaminant Level Exceeded (Bacteria)	21 22		
5-1.51(a)	Maximum Contaminant Level Exceeded (Chemical)	02		
5-1.71(a)	Failure to exercise due care and diligence in the maintenance and supervision of water sources (well)	SN		
5-1.71(b)	Failure to exercise due care and diligence in the operation and maintenance of the water system	SO		
	<u>WELL SAMPLE TAP PRIOR TO CHECK VALVE</u>			
5-1.42	Failure to monitor for lead and copper	51-Initial 52-Routine		
5-1.51(b)	Failure to monitor for contaminants as required	03 23 24		
5-1.51(c)	Failure to notify the public as required in Table 13	06		
5-1.72	Failure to maintain records; or complete and submit water operation report monthly by 10th of the following month	09 10		
5-1.72 (b)	Operator not certified pursuant to Subpart 5-4	SQ		
	Failure to take precautionary measures to protect public health	SS		
	<u>HOSE BIB VACUUM BREAKER TO BE PROVIDED (THANK-400)</u>			

Status codes: 1. No violations observed; 2. All or parts of item in violation; 3. Item not reviewed/observed; 5. Item corrected during inspection; N/A Not Applicable

Posted SDWIS: CNST INVG INFI RCDR RSCH SITE SNSV

Report Prepared By:

Report Received By:

Date

Signature <u>Scott D Michaels</u>	<u>Daniel Atkins</u>	6.20.12
Print <u>SCOTT D MICHAELS</u>	<u>Daniel Atkins</u>	

9

PWS #: NY 1330016



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 Environmental Health Services Division
 387 Main Street, Poughkeepsie, NY 12601
 Tel: (845) 486-3404 Fax: (845) 486-2969
 e-mail: WEP@co.dutchess.ny.us

WATER SYSTEM FIELD COMPLIANCE REPORT

POSTED

P10F2

PWS Name	CAMP RISING SUN PH	Phone	Date	6-25-12
Street Address		Disinfection Waiver <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Exp <u>1 N/A</u>	C <input checked="" type="radio"/> NTNC NP	
Town	RED HOOK		<input checked="" type="radio"/> GUDI SW	
e-mail				

Part 5	Violation	SDWIS Code	Status	Compliance Date (no later than)
5-1.12(a)	Failure to take appropriate actions in response to deteriorating source water quality or diminished effectiveness of treatment	SA	1	
5-1.22(a)	Construction or modification of water system prior to obtaining Department of Health approval	SB	1	
5-1.23(a)	Failure to notify Department of Health prior to use of emergency source or alteration of treatment process	SD	1	
5-1.30(a)	Failure to provide minimum disinfection of a ground water source.	ND	1	
5-1.30(a)	Inadequate disinfection of ground water source (chlorinator or UV inoperative)	07	1	
5-1.30(g)	Failure to maintain free chlorine residual at representative points in the distribution system	NR	1	
5-1.31	Failure to protect water distribution system from cross-connections	SJ	1	
5-1.51(a)	Maximum Contaminant Level Exceeded (Bacteria)	21 22	1	
5-1.51(a)	Maximum Contaminant Level Exceeded (Chemical)	02	1	
5-1.71(a)	Failure to exercise due care and diligence in the maintenance and supervision of water sources (well)	SN	1	
5-1.71(b)	Failure to exercise due care and diligence in the operation and maintenance of the water system	SO	1	
	E. COLI PRESENT @ PREPSINK & BOTH WELLS (SEE P.2)			
5-1.42	Failure to monitor for lead and copper	51-Initial 52-Routine	3	
5-1.51(b)	Failure to monitor for contaminants as required	03 23 24	1	
5-1.51(c)	Failure to notify the public as required in Table 13	06	1	
5-1.72	Failure to maintain records; or complete and submit water operation report monthly by 10th of the following month	09 10	1	
5-1.72 (b)	Operator not certified pursuant to Subpart 5-4	SQ	1	
	Failure to take precautionary measures to protect public health	SS	3	

Status codes: 1. No violations observed; 2. All or parts of item in violation; 3. Item not reviewed/observed; 5. Item corrected during inspection; N/A Not Applicable

Posted SDWIS: CNST INVG INFI RCDR RSCH SITE SNSV

Report Prepared By:

Report Received By:

Date

Signature			6-25-12
Print			



DUTCHESS COUNTY DEPARTMENT OF HEALTH
Environmental Health Services Division
387 Main Street, Poughkeepsie, NY 12601
Tel: (845) 486-3404 Fax: (845) 486-2969
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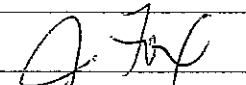
Inspection Continuation Sheet

PWS Name	CAMP RISINGSON REDHOOK	DATE	Mo.	Day	Yr.	Page	2 of 2
			10	25	12		

REMARKS: INITIAL WELL 1 & WELL 3 (NEW WELL)
& DISTRIBUTION SAMPLES
TOTAL COLIFORM PRESENT & E. COLI PRESENT
TAKEN JUNE 20, 2012
SAMPLES TAKEN AT EACH WELL (5 ea) TODAY
& @ KITCHEN PREP (4 w/ FREE CHLORINE
OBSERVED @ 0.8 mg/L)

PLEASE PROVIDE DOCUMENT WITH THIS YEARS
WATER SYSTEM START-UP PROTOCOL.

INSPECTED TREATMENT PIT, BOTH WELLS &
ATMOSPHERIC STORAGE TANK: (ELEVATED WOOD W/
PLASTIC LINER)

Report Prepared By:	Report Received By:	Date
Signature: 		6-25-12
Print: SCOTT D MICHAEL		

Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Otisville Mills Rd. Operator's Name: Dan Atkins
Capacity: 70 Operation Name: Camp Rising Sun Red Hook Pool
Office Code: [] Operation ID: POSTED Month: 08 Day: 09 Year: 12
HCS ID: 550813 Time spent conducting service: [] hr [] hr [] min [] min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS
Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/> Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1	1
<input type="radio"/> Minimum Disinfectant Residual Provided	2	1
<input type="radio"/> Continuous Operation of Filtration and Disinfection Equipment	3	1
<input type="radio"/> Adequate Potable Water Supply	4	3
<input type="radio"/> Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5	1
<input type="radio"/> Emergency Lighting - Poles Provided Maintained (No Light Switching is Allowed)	6	3
<input type="radio"/> Lifesaving Equipment Present at Pool Deck	7	1
<input type="radio"/> Pool Bottom Visible	8	1
<input type="radio"/> Proper Depth Markings Present	9	1
<input type="radio"/> No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10	3
<input type="radio"/> Pool Area Properly Enclosed and Secured	11	1
<input type="radio"/> No Unapproved Chemicals or Methods of Application	12	1
<input type="radio"/> Main Drain Grate Adequate - In Place	13	1
<input type="radio"/> No Glass/Sharp Objects In Pool or Deck Area	14	1
<input type="radio"/> Other	15	1

RECORDS/SIGNS		
<input type="radio"/> Valid Permit to Operate - Posted	16	1
<input type="radio"/> Injury/Illness Reporting - Log Book Maintained	17	1
<input type="radio"/> Pool Safety Plan Developed/Implemented/Updated	18	1
<input type="radio"/> Operation Records Maintained - Submitted	19	1
<input type="radio"/> Regulations Posted - Capacity, Spa Warning, White Water Slide	20	1

POOL OPERATION & MAINTENANCE		
<input type="radio"/> Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23	1
<input type="radio"/> Pool Fenced, Self-Closing/Self Latching Gates or Doors	24	1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/> Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25	1
<input type="radio"/> Float Line, Depth and Safety Markings Provided	26	1
<input type="radio"/> Adequate Water Depths For All Sides of the Pool (Clearances)	27	3
<input type="radio"/> Equipment/Appurtenances Maintained, Ladders/Steps Provided, Structural Defects Absent	28	1
<input type="radio"/> Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29	3
<input type="radio"/> Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30	1
<input type="radio"/> Adequate Lighting, Surface Glare & Reflection Prevented	31	1
<input type="radio"/> Number of Bathers Controlled - Capacity Not Exceeded. # Bathers in Water	32	1
<input type="radio"/> Main Drain Grate Secured in Place - Good Repair	33	1
<input type="radio"/> Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34	1
<input type="radio"/> Pool Water Level Maintained for Adequate Surface Skimming	35	1
<input type="radio"/> Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36	1
<input type="radio"/> Pool Inlets Provide Adequate Mixing	37	1
<input type="radio"/> Disinfection Treatment/Chemical Treatment	38	1
<input type="radio"/> Test Kits/Testing - Adequate	39	1
<input type="radio"/> Indoor Pools Adequately Ventilated	40	3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/> Spa Pool Operation, Water Temperature, Alarm, Drained	41	3
<input type="radio"/> Pools for Physically Disabled, Properly Operated/Maintained	42	3
<input type="radio"/> Movable Bottom Pools Properly Operated/Maintained	43	3
<input type="radio"/> White Water Slides Properly Operated/Maintained	44	3

Pool/Spa Water Temperature: [] [] [] °F
Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/> Adequate Turnover Rate	45	1
<input type="radio"/> Filters Properly Operated, Maintained; Flow Meter Maintained	46	1
<input type="radio"/> Chemical Feed Equipment Operated/Maintained	47	1
<input type="radio"/> Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48	3
<input type="radio"/> Chemicals Approved, Proper Storage/Handling/Labeling	49	1

GENERAL		
<input type="radio"/> Bathhouse/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50	1
<input type="radio"/> Furnished Suits and Towels Properly Laundered	51	3
<input type="radio"/> Potable Water Supply Acceptable, Sewage System Adequate	52	3
<input type="radio"/> Construction, Additions, or Modifications to Pool Approved	53	3

SUPERVISION / STAFF		
<input type="radio"/> Qualified Pool Operator on Duty	54	1
<input type="radio"/> Qualified Supervision - Level I, Level II, Level III, Level IV	55	1
<input type="radio"/> Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56	1
<input type="radio"/> Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57	1
<input type="radio"/> Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58	3
<input type="radio"/> Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59	3
<input type="radio"/> Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60	3

Supervision Level: I/a I/b III IV
Temporary Residence/ Campground: []
Homeowner Exemption: []

WATER CHEMISTRY		
Free Cl/Br	[] [] []	mg/L
Combined Cl	[] [] []	mg/L
pH	[] [] []	
Total Alkalinity	[] [] []	mg/L
Calcium Hardness	[] [] []	mg/L

SIGNATURE OF INSPECTOR: [Signature] PHS
RECEIVED BY (SIGNATURE): [Signature] DANIEL ATKINS
DATE: 8-9-12

ESTABLISHMENT NAME: Camp Rising Sun Red Hook OPERATOR'S NAME: Barrington Fulton
Address: TVIC Oriole Mills Rd Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____ SUBPART 14-1

Office Code: _____ Operation ID: POSTER Date of Service: Month 08 Day 09 Year 12 Capacity: 80

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT
REINSPECTION HACCP ONLY INCIDENT ILLNESS
Inspector's ID: JS S C 013 Time spent conducting service: _____ hr _____ min

1A <input type="checkbox"/>	1B <input type="checkbox"/>	1C <input type="checkbox"/>	1D <input type="checkbox"/>	1E <input type="checkbox"/>	1F <input type="checkbox"/>	1G <input type="checkbox"/>	1H <input type="checkbox"/>	2A <input type="checkbox"/>	2B <input type="checkbox"/>	2C <input type="checkbox"/>	2D <input type="checkbox"/>	2E <input type="checkbox"/>	3A <input type="checkbox"/>	3B <input type="checkbox"/>	3C <input type="checkbox"/>	4A <input type="checkbox"/>	4B <input type="checkbox"/>	4C <input type="checkbox"/>
5A <input type="checkbox"/>	5B <input type="checkbox"/>	5C <input type="checkbox"/>	5D <input type="checkbox"/>	5E <input type="checkbox"/>	6A <input type="checkbox"/>	6B <input type="checkbox"/>	7A <input type="checkbox"/>	7B <input type="checkbox"/>	7C <input type="checkbox"/>	7D <input type="checkbox"/>	7E <input type="checkbox"/>	7F <input type="checkbox"/>	7G <input type="checkbox"/>	7H <input type="checkbox"/>				
8A <input type="checkbox"/>	8B <input type="checkbox"/>	8C <input type="checkbox"/>	8D <input type="checkbox"/>	8E <input type="checkbox"/>	8F <input type="checkbox"/>	8G <input type="checkbox"/>	9A <input type="checkbox"/>	9B <input type="checkbox"/>	9C <input type="checkbox"/>	9D <input type="checkbox"/>	10A <input type="checkbox"/>	10B <input type="checkbox"/>	11A <input type="checkbox"/>	11B <input type="checkbox"/>	11C <input type="checkbox"/>	11D <input type="checkbox"/>		
12A <input type="checkbox"/>	12B <input type="checkbox"/>	12C <input type="checkbox"/>	12D <input type="checkbox"/>	12E <input type="checkbox"/>	13A <input type="checkbox"/>	13B <input type="checkbox"/>	14A <input type="checkbox"/>	14B <input type="checkbox"/>	14C <input type="checkbox"/>	15A <input type="checkbox"/>	15B <input type="checkbox"/>	15C <input type="checkbox"/>	15D <input type="checkbox"/>	16 <input type="checkbox"/>				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only):
Reinspection Field Visit Sampling Meeting Date: _____

Item Number	Corrections/Violations
	No violations observed at time of inspection
	Hot dogs 192°F Chili w-i-c 36°F Cheese refriger 41°F

SIGNATURE OF INSPECTOR: [Signature] PH S
RECEIVED BY (SIGNATURE): [Signature] 8/9/12
Barrington Fulton Jr.
44142

Facility Code: 013234 Facility Name: Red Hook Address: Orville Mills Rd Operator's Name: Barrington Fulton
 Capacity: 57 Operation Name: Camp Rising Sun Red Hook Time Began: Time Ended:
 Office: Operation ID: POSTED Date of Service: 08 09 12 Inspector's ID: JSK013 Time spent conducting service: hr min sec
 Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: N/A Number of Blue Violations Found: 00 Reinspection Required: Yes No

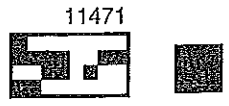
Future Service (Office Use Only):
 Reinspection Field Visit Sampling Meeting Date: Service By (Inspector ID):

PUBLIC HEALTH HAZARDS	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual/Verbal Communication Provided	1
<input type="radio"/> Safety Plan Implementation	2
<input type="radio"/> Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Quantity	3
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5
<input type="radio"/> Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8
<input type="radio"/> Waterfront/Boating - Rental/Lease Registration Device Usage	9
<input type="radio"/> Rifle/Archery - Adequate Range/Supervision	13
<input type="radio"/> Horseback Riding - Adequate Equipment/Supervision	13
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	12
<input type="radio"/> Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	13
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	14
ADMINISTRATION/SUPERVISION	
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training-Provided, Documented, Individual Disabled Camper Needs	15
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16
<input type="radio"/> Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	17
<input type="radio"/> Valid Permit; Application; Enrollment Statement/Brochure	18
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	19
SEWAGE	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20
SHOWERS, TOILETS	
<input type="radio"/> Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21
<input type="radio"/> Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	22

POTABLE WATER	
<input type="radio"/> Sources Properly Developed and Protected	3
<input type="radio"/> Treatment - Adequate, Maintained, CI Residual <u>0.8</u> ppm	24
<input type="radio"/> Adequate Water Quantity and Pressure	25
<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	26
<input type="radio"/> Modifications/Additions Approved	27
<input type="radio"/> Operation Records Maintained and Submitted	28
<input type="radio"/> Annual Start-Up Procedure Completed	29
<input type="radio"/> Water Quality, Monitoring Performed	30
MEDICAL	
<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	31
<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32
<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33
HOUSING	
<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34
<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	35
<input type="radio"/> Floor Area, Overcrowding; Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36
SWIMMING	
<input type="radio"/> Aquatic Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	37
<input type="radio"/> Approved Locations: Controlled Access; Lighting	38
<input type="radio"/> Buddy System/Checks; Board/Other System; Swim Ability Assessment; Triples; Lost Swimmer Plan	39
<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water; Areas Designated	40
<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drills	41
<input type="radio"/> Trip Swimming - Acceptable Location; Parental Permission; Lifeguard Ratio/Area; Buddy/Board System; Triples; Non-Swimmer Identification/Restriction	42
<input type="radio"/> Wilderness Swimming - Safety Plan, Parental Permission; Supervision; Environmental Conditions; Buddy/Board System; Triples; Non-Swimmer Requirements, Equipment, Rules	43

RECREATIONAL SAFETY	
<input type="radio"/> Special Waterfront Activities - Lifejackets Used; Supervision; Safety Plan; Boats Registered	43
<input type="radio"/> Rifle - Qualified Instructor; Camper Age; Supervision; Range-Location, Firing and Ready Lines, Backstop, Signs, Flags; Rifle/Equipment Maintenance and Storage	45
<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment Storage; Camper Supervision and Staff Training	46
<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment; Animal's-Disease Free, Compliance with DEC, A&M Laws	47
<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free; Activities Handicapped Accessible	48
<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49
<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50
<input type="radio"/> Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Construction - State and Local Laws Compliance Statement, Permit-Issuing Official Notification	53
<input type="radio"/> Building Standards; Electrical Safety; Tennis Flame Retardant	53
<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
<input type="radio"/> Heating Sources - Installed; Maintained	57
<input type="radio"/> Flammable Liquids: Labeled; Stored	58
<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
FOOD	
<input type="radio"/> For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	60
<input type="radio"/> Food Quantity/Quality Sufficient	60
GENERAL	
<input type="radio"/> Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
<input type="radio"/> Insect, Rodent, Bat and Weed Control	62
<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver; Inspection; Seat Belts Used, Capacity Not Exceeded; Tools; Supervision	64

Inspection By (signature): J. Cecilio PHS Report Received by: Barrington Fulton Date: 8/9/12
 DOH-1315 (10/08)



ESTABLISHMENT NAME: Red Hook Camp Rising Sun OPERATOR'S NAME: Barrington Fulton
Address: TN/C Oriole Mills Rd. Red Hook County: Dutchess Zip Code: _____

FACILITY CODE: 0132314 TIME BEGAN: _____ TIME END: _____

SUBPART 14-1

Office Code: Operation ID: POSTED Date of Service: Month 07 Day 12 Year 12 Capacity: ~80

Service Type:

- INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT
REINSPECTION HACCP ONLY INCIDENT ILLNESS

Inspector's ID: JSC013

Time spent conducting service
hr min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only):
Reinspection Field Visit Sampling Meeting Date: Month Day Year Service By (Inspector ID):

Item Number	Corrections/Violations
	No violations observed at time of inspection
	- Dish machine operating properly - observed glove use - sanitizing solution in use
	Free Cl ₂ residual at kitchen tap 0.8
	Falafel 178°F Raw chicken w-i-c 38°F butter refrigerator 40°F

SIGNATURE OF INSPECTOR: J. J. PHS

RECEIVED BY (SIGNATURE): Barrington Fulton 7/12/12
44142



Facility Code: 0132314 Facility Name: Red Hook Address: Camp Rising Sun Onondale Mills Rd Operator's Name: Adam Sickler

Capacity: 70 Operation Name: Camp Rising Sun Red Hook Time Began: Time End:

Office Code: Operation ID: POSTED Month: 07 Day: 12 Year: 12 HCS ID: 550013 Time spent conducting service: hr min

LHD/HIN NYSDOH

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Potable Water Supply	4 1
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Source Provided Maintained	6 3
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 3
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 1
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1

POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24 1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26 1
<input type="radio"/>	Adequate Water Depth For Diving Slides/Starting Blocks/Cleanups	27 3
<input type="radio"/>	Equipment/Appurtenances Maintained, Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Summer Training Activities	29 3
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water <u>0</u>	32 1
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33 1
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation, Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 3
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3

Pool/Spa Water Temperature: °F

Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 1
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 1
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 1
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 1
GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 1
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52 1
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 3
SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54 1
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55 1
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56 1
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57 1
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58 3
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59 3
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60 3

Supervision Level: Ia Ib III IV

Temporary Residence/ Campground:

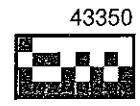
Homeowner Exemption:

WATER CHEMISTRY		
Free Cl/Br	<u>1.0</u>	mg/L
Combined Cl	<u> </u>	mg/L
pH	<u>7.2</u>	
Total Alkalinity	<u> </u>	mg/L
Calcium Hardness	<u> </u>	mg/L

SIGNATURE OF INSPECTOR: [Signature]

RECEIVED BY (SIGNATURE): [Signature] DATE: 7/12/12

Robbinston Fulton Jr.



Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Oriole Mills Rd. Operator's Name: Barrington Fulton

Capacity: 58 Operation Name: Camp Rising Sun Red Hook Time Began: Time Ended:

Office: POSTED Operation ID: Date of Service: 07/12/12 Inspector's ID: JSC013 Time spent conducting service:

Service Type: INSPECTION (checked) REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only): Reinspection Field Visit Sampling Meeting Date: Service By (Inspector ID):

PUBLIC HEALTH HAZARDS		POTABLE WATER		RECREATIONAL SAFETY	
<input type="checkbox"/>	Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual/Verbal Communication Provided	<input type="checkbox"/>	For Inspection of On-site Public Water Systems, Complete DOH-4234 and BWS 24. For On-site Public Water Systems, Complete DOH-4234 and BWS 24. Entry Section DOH-4234 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	Special Waterfront Activities: Lifejackets Used; Supervision, Safety Plan, Registration
<input type="checkbox"/>	Safety Plan Implementation	<input type="checkbox"/>	Sources Properly Developed and Protected	<input type="checkbox"/>	Rifery - Qualified Instructor, Camper Age, Supervision, Range Location, Firing and Ready Lines, Backstop, Signs, Flags, Rifle Equipment, Maintenance and Storage
<input type="checkbox"/>	Water Supply - Approved Source, Adequate Protection, Treatment, Quality, Quantity	<input type="checkbox"/>	Treatment - Adequate, Maintained, CI Residual: 0.8 ppm	<input type="checkbox"/>	Archery - Range, Location, Marked Clearances, Firing and Ready Lines, Equipment Storage, Camper Supervision and Staff Training
<input type="checkbox"/>	Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	<input type="checkbox"/>	Adequate Water Quantity and Pressure	<input type="checkbox"/>	Horseback Riding - Headgear, Straps/Shoes; Supervision, Skill Assessment, Animals Disease Free, Compliance with DEC, A&M Laws
<input type="checkbox"/>	Safety Plan Medical Requirements Supervised by Health Director, Developmentally Disabled Camper Medication Administered by Qualified Staff	<input type="checkbox"/>	Free of Apparent Cross Connections; Drinking Fountains	<input type="checkbox"/>	Equipment - Personal Weapons Restricted, Equipment Hazard Free, Activities Hand capped Accessible
<input type="checkbox"/>	Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	<input type="checkbox"/>	Modifications/Additions Approved	<input type="checkbox"/>	On-site Activities - Activity Leader, First Aid, CPR, Counselor Rates, Passive Activities
<input type="checkbox"/>	Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	<input type="checkbox"/>	Operation Records Maintained and Submitted	<input type="checkbox"/>	Camp Trips - Trip Leader, First Aid, CPR, Counselor Ratios, Safety Plan Review
<input type="checkbox"/>	Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	<input type="checkbox"/>	Annual Start-Up Procedure Completed	<input type="checkbox"/>	Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics
<input type="checkbox"/>	Waterfront: N/A Personal Flotation Device Usage	<input type="checkbox"/>	Water Quality, Monitoring Performed	CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="checkbox"/>	Rifery/Archery - Adequate Range/Supervision	MEDICAL		<input type="checkbox"/>	Construction - State and Local Laws Compliance Statement; Permit Issuing Official Notification
<input type="checkbox"/>	Horseback Riding - Adequate Equipment/Supervision	<input type="checkbox"/>	Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	<input type="checkbox"/>	Building Standards; Electrical Safety, Tents Flame Retardant
<input type="checkbox"/>	Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	<input type="checkbox"/>	Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	<input type="checkbox"/>	Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log
<input type="checkbox"/>	Adequate Installation of Heat Producing Equipment; Storage of Flammables and Toxic Substances	<input type="checkbox"/>	Infirmery/Holding Area Provided; Medical Supplies	<input type="checkbox"/>	Exits, Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported
<input type="checkbox"/>	Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	HOUSING		<input type="checkbox"/>	Exit Direction Signs, Emergency Lighting
ADMINISTRATION/SUPERVISION		<input type="checkbox"/>	Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting, Ventilation; Winter Building Heated	<input type="checkbox"/>	Heating Sources - Installed, Maintained
<input type="checkbox"/>	Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training-Provided, Documented, Individual Disabled Camper Needs	<input type="checkbox"/>	Mattresses and Linen (When Provided) Clean and Good Condition; Clearance: Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	<input type="checkbox"/>	Flammable Liquids - Labeled, Stored
<input type="checkbox"/>	Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	<input type="checkbox"/>	Floor Area, Overcrowding; Supervision; Wat and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	<input type="checkbox"/>	Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained
<input type="checkbox"/>	Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	SWIMMING		FOOD	
<input type="checkbox"/>	Valid Permit; Application; Enrollment Statement/Brochure	<input type="checkbox"/>	For Inspection of On-site Bathing Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. Additional form(s) Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	For Inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Safety Plan - Complete, On File, Updated, Implemented	<input type="checkbox"/>	Aquatic Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	<input type="checkbox"/>	Food Quantity/Quality Sufficient
SEWAGE		<input type="checkbox"/>	Approved Locations: Controlled Access, Lighting	GENERAL	
<input type="checkbox"/>	Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	<input type="checkbox"/>	Buddy System/Checks; Board/Other System, Swim Ability Assessment, Trips; Lost Swimmer Plan	<input type="checkbox"/>	Surface Drainage; Pesticides and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained
SHOWERS, TOILETS		<input type="checkbox"/>	Non-Swimmers Identified and Restricted to Less Than Chest Deep Water, Areas Designated	<input type="checkbox"/>	Insect, Rodent, Bat and Weed Control
<input type="checkbox"/>	Showers-Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	<input type="checkbox"/>	Camps for Developmentally Disabled Campers-Parental Permission, Staff Ratios, Emergency Procedures/Drills	<input type="checkbox"/>	Refuse-Storage, Handling and Disposal Maintained
<input type="checkbox"/>	Toilets, Privies, Lavatories-Provided, Constructed/Maintained, Ratios	<input type="checkbox"/>	Trip Swimmer Safety Plan, Acceptable Local In. Parental Permission, Lifejackets, Trip Leader, Trip Log, Trip Supervisor, Trip Supervisor, Trip Supervisor, Trip Supervisor	<input type="checkbox"/>	Transportation - Truck/Trailer Bed Occupancy Prohibited, Driver Inspection, Seat Belts Used; Capacity Not Exceeded; Tools, Supervision
		<input type="checkbox"/>	NO TRIP SWIMMING		
		<input type="checkbox"/>	NO WILDERNESS SWIMMING		

Inspection By (signature): [Signature] Report Received by: [Signature] Date: 7/12/12

Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Oriole Mills Rd Red Hook Operator's Name: Helene Matera
 Capacity: 60 Operation Name: Camp Rising Sun at Red Hook Time Began: Time Ended:
 Office: Operator ID: POSTED Date of Service: 06 20 12 Inspector's ID: JSC013 Time spent conducting service:
 Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

Future Service (Office Use Only):
 Reinspection Field Visit Sampling Meeting Date: Service By (Inspector ID):

PUBLIC HEALTH HAZARDS	
<input type="radio"/> Supervision - Staff Qualifications, Ratios; Children Protected from Unreasonable Risk; Visual Verbal Communication Provided	1
<input type="radio"/> Safety Plan Implementation	1
<input type="radio"/> Water Supply - Approved Source, Adequate Protection, Treatment, Availability <u>Sample taken</u>	3
<input type="radio"/> Sewage System - No Children or Food Exposure; Water Supply or Bathing Beach Contamination	4
<input type="radio"/> Safety Plan Medical Requirements Supervised by Health Director; Developmentally Disabled Camper Medication Administered by Qualified Staff	5
<input type="radio"/> Transportation - Truck and Trailer Bed Transportation Prohibited; Counselor Supervision in Vehicles	6
<input type="radio"/> Swimming - Adequate Supervision, Approved Locations, Safety Equipment, Depth Markings, Diving, Buddy System and Board System, Non-Swimmer Depth Restriction	7
<input type="radio"/> Incidental Water Immersion - Trip Leader, Safe Depth and Flow Conditions, Procedures Specified, Area Tested	8
<input type="radio"/> No front beach for bathing <u>No water front bathing</u>	3
<input type="radio"/> No archery supervision <u>No archery supervision</u>	3
<input type="radio"/> No horseback supervision <u>No horseback</u>	3
<input type="radio"/> Fire Safety - No Overcrowding; Exits, Alarm Systems and Fire Fighting Equipment Provided and Maintained	1
<input type="radio"/> Adequate Installation of Heat Producing Equipment; Storage of Flammable and Toxic Substances	1
<input type="radio"/> Other Violations Deemed a Public Health Hazard by the Permit Issuing Official	1
ADMINISTRATION/SUPERVISION	
<input type="radio"/> Personnel - Qualified Director, Counselors and Counselors-in-Training; Staff Training Provided, Documented, Individual Disabled Camper Needs	15
<input type="radio"/> Adequate Supervision - Visual and/or Verbal Communication Capability, Accountability System	16
<input type="radio"/> Personnel Records, Resumes on File; Communicable Disease Carrier; Criminal Justice Service Check	17
<input type="radio"/> Valid Permit; Application; Enrollment Statement/Brochure	18
<input type="radio"/> Safety Plan - Complete, On File, Updated, Implemented	19
SEWAGE	
<input type="radio"/> Facilities Provided, Maintained, No Sewage on Ground; Modifications/Additions Approved	20
SHOWERS, TOILETS	
<input type="radio"/> Showers Provided, Constructed/Maintained, Plans Approved, Ratios, Water Temperature	21
<input type="radio"/> Toilets, Privies, Lavatories Provided, Constructed/Maintained, Ratios	22

POTABLE WATER	
For inspection of On-site Public Water systems, Complete DOH-4234 and Boxes 24, 29 and 30. For Individual On-site Water System Inspections, Complete this Entire Section. DOH-4234 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Sources Properly Developed and Protected	23
<input type="radio"/> Treatment - Adequate, Maintained, Cl Residual <u>0.6 ppm</u>	24
<input type="radio"/> Adequate Water Quantity and Pressure	25
<input type="radio"/> Free of Apparent Cross Connections; Drinking Fountains	27
<input type="radio"/> Modifications/Additions Approved	27
<input type="radio"/> Operation Records Maintained and Submitted	28
<input type="radio"/> Annual Start-Up Procedure Completed	29
<input type="radio"/> Water Quality Monitoring Performance <u>Sample taken</u>	3
MEDICAL	
<input type="radio"/> Health Personnel - Qualified Health Director, First Aid and CPR Certified Staff; Ratios Met	31
<input type="radio"/> Camper Medical History Provided; Medical Log Maintained; Injuries/Illness Reported; Emergency Contact Information; Modified Diets; Restrictions	32
<input type="radio"/> Infirmary/Holding Area Provided; Medical Supplies	33
HOUSING	
<input type="radio"/> Maintenance - Safe, Adequate Size, Cleanable, Watertight, Roof and Sides; Lighting; Ventilation; Winter Building Heated	34
<input type="radio"/> Mattresses and Linen (When Provided) Clean and Good Condition; Clearance Above Bed, Between Heads of Beds; Bunk Beds: Two Levels, Adequate Guardrails	35
<input type="radio"/> Floor Area, Overcrowding, Supervision; Wall and Ceiling Height; Non-Ambulatory Camper Housing - Adequate Ramps, Ground Floor Only	36
SWIMMING	
For inspection of On-site Bathing Facilities, Complete DOH-1321 for Pools and DOH-1322 for Beaches. Additional form(s) Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Aquatic Director, Lifeguards, Progressive Swimming Instructor, Counselor-Qualified, Ratio, Duties	37
<input type="radio"/> Approved Locations: Controlled Access; Lighting	38
<input type="radio"/> Buddy System/Checks; Board/Other System; Swim Ability Assessment; Triples; Lost Swimmer Plan	39
<input type="radio"/> Non-Swimmers Identified and Restricted to Less Than Chest Deep Water, Areas Designated	40
<input type="radio"/> Camps for Developmentally Disabled Campers-Parental Permission; Staff Ratios; Emergency Procedures/Drifts	41
<input type="radio"/> Trip Swimming - Safety Plan; Acceptable Location; Parental Permission; Trip/Leader Ratio; Buddy Board System; Triples; Non-Swimmer Identification Restriction <u>No trip swim</u>	3
<input type="radio"/> Wilderness Swimming - Safety Plan; Parental Permission; Trip/Leader Ratio; Buddy Board System; Triples; Non-Swimmer Requirements, Equipment, Rules <u>No wilderness swim</u>	3

RECREATIONAL SAFETY	
<input type="radio"/> Special Waterfront Activities - Lifeguards Used; Supervision; Safety Plan; Boats Registered <u>N/A</u>	43
<input type="radio"/> Ratio - Qualified Instructor/Camper Age; Supervision; Ratio; Trip/Leader Ratio; Triples; Backstop, Signs, Flags; Rules/Equipment Maintenance and Storage <u>N/A</u>	3
<input type="radio"/> Archery - Range Location, Marked Clearances, Firing and Ready Lines; Equipment; Trip/Leader Ratio; Triples; Staff Training <u>N/A</u>	3
<input type="radio"/> Horseback Riding - Headgear, Stirrups/Shoes; Supervision, Skill Assessment; Trip/Leader Ratio; Triples; Staff Training with DEC, A&M Laws <u>No horseback</u>	3
<input type="radio"/> Equipment - Personal Weapons Restricted; Equipment Hazard Free, Activities Handcapped Accessible	48
<input type="radio"/> On-site Activities - Activity Leader, First Aid, CPR; Counselor Ratios, Passive Activities	49
<input type="radio"/> Camp Trips - Trip Leader, First Aid, CPR; Counselor Ratios, Safety Plan Review	50
<input type="radio"/> Incidental Water Immersion - Safety plan, Water Depth Restriction, Trip/Activity Leader Familiar with Water Flow Characteristics	51
CONSTRUCTION, ELECTRICAL & FIRE SAFETY	
<input type="radio"/> Construction - State and Local Laws Compliance Statement; Permit-Issuing Official Notification	52
<input type="radio"/> Building Standards; Electrical Safety, Tents Flame Retardant	53
<input type="radio"/> Fire/Smoke Alarm System - Equipment Installed and Maintained; Fire Drills and Log	54
<input type="radio"/> Exits; Unobstructed, Protected, Number, Dead Ends, Assembly Areas; Fires Reported	55
<input type="radio"/> Exit Direction Signs; Emergency Lighting	56
<input type="radio"/> Heating Sources - Installed, Maintained	57
<input type="radio"/> Flammable Liquids; Labeled, Stored	58
<input type="radio"/> Fire Fighting Equipment - Acceptable, Provided, Inspected, Placement, Maintained	59
FOOD	
For inspection of On-site Food Services, Complete DOH-192. DOH-192 Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Food Quantity/Quality Sufficient	60
GENERAL	
<input type="radio"/> Surface Drainage; Pest/Coils and Toxic Chemicals Use and Storage; Exterior Paths Appropriately Surfaced and Maintained	61
<input type="radio"/> Insect, Rodent, Bat and Weed Control	62
<input type="radio"/> Refuse-Storage, Handling and Disposal; Maintained	63
<input type="radio"/> Transportation: Truck/Trailer Bed Occupancy Prohibited; Driver, Inspection; Seat Belts Used; Capacity Not Exceeded; Tools; Supervision	64

Inspection By (signature): Jacques PHS Report Received by: Barrington Fulton Jr. Date: 6/30/12
 11471
 DOH-1315 (6/08)

Facility Code: 0132314 Facility Name: Camp Rising Sun Address: Oriole Mills Rd Operator's Name: Dan Atkins
Capacity: 100 Operation Name: Camp Rising Sun Red Hook Pool
Office Code: [] Operation ID: POSTED Month: 06 Day: 20 Year: 12
HCS ID: JS0013 Time spent conducting service: [] hr [] hr [] min [] min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 00 Total Red Violations Not Corrected: NA Number of Blue Violations Found: 00 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		
<input type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 1
<input type="radio"/>	Minimum Disinfectant Residual Provided	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Sample Taken	4 3
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Sources Readily Maintained Where Not Swimming	6 3
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 3
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 1
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1

POOL OPERATION & MAINTENANCE		
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced, Self-Closing/Self Latching Gates or Doors	24 1

POOL OPERATION & MAINTENANCE (cont.)		
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input type="radio"/>	Float Line, Depth and Safety Markings Provided	26 1
<input type="radio"/>	Adequate Water Seals For Ladders/Slides/Stairing Blocks, Clearances	27 3
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29 3
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring - Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water	32 0
<input type="radio"/>	Main Drain Grate Secured In Place - Good Repair	33 1
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Slides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 3

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation. Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 3
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3

Pool/Spa Water Temperature: [] [] [] °F
Flow Meter Reading: 475 gpm

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 1
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 1
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 1
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 1
GENERAL		
<input type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 1
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Connected to Sewage System Adequate	52 3
<input type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 3
SUPERVISION / STAFF		
<input type="radio"/>	Qualified Pool Operator on Duty	54 1
<input type="radio"/>	Qualified Supervision - Level I, Level II, Level III, Level IV	55 1
<input type="radio"/>	Adequate Bather Surveillance - Positioning, Number of Staff, Staff not Distracted	56 1
<input type="radio"/>	Records - Certifications/Qualifications, Level IV Log, TR/Campground Supervision Declaration	57 1
<input type="radio"/>	Supervision Level IV - Warning Sign Posted, Written Statement/Brochure Provided	58 3
<input type="radio"/>	Supervision Level IV - Two Adults Present, One Adult on the Pool Deck, Children Under 16 Accompanied by Parent/Guardian	59 3
<input type="radio"/>	Instructional Activities: At Least One Additional Staff Qualified for at Least Supervision Level III Provided for Each Aquatic Supervisory Staff Engaging in Instructional Activities	60 3

Supervision Level: IIa IIb III IV
Temporary Residence/ Campground: []
Homeowner Exemption: []

WATER CHEMISTRY		
Free Cl/Br	1.5	mg/L
Combined Cl	[] []	mg/L
pH	7.2	
Total Alkalinity	[] [] []	mg/L
Calcium Hardness	[] [] []	mg/L

SIGNATURE OF INSPECTOR: [Signature] PHS
RECEIVED BY (SIGNATURE): [Signature]
DATE: 6-20-12



