

New York city Department of Health and Mental Hygiene  
**Summer Camp Self-Certification Checklist**  
 (for permit renewal only)

Record ID#: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Camp Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**INSTRUCTIONS:** Please answer each question by checking (✓) **Yes**, **No** or not applicable (**N/A**). For each item checked **No**, you must describe the unsatisfactory conditions and how you fixed it. Refer to the New York City Health Code (NYCHC) section listed for each item.

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
<b>BUILDING/FACILITY MAINTENANCE</b>				
1. Is facility used to house campers safe, adequate in size for its use, clean, with watertight roof and sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is adequate surface drainage provided to allow for proper installation and operation of sewage disposal system and/or water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is vermin or weed control adequate? Is refuse, agricultural, commercial, or household pesticides and toxic chemicals properly stored to prevent hazardous conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are water fountains properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is toilet, privy, lavatory or shower in camp for developmentally disabled equipped with specialized fixtures, grab bars, controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are toilets/urinals/lavatories adequate in number, properly located, and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are there no cross-connections in water supply, sewage system, pool water system which may contaminate water supply? Are food preparation/storage areas, areas accessible to children or employees free of sewage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the water system serving camp within the acceptable contaminant levels? If required, is the treatment of the water system for disinfection or removal of contaminants continuous? Is potable (drinkable) water supply adequate and from an approved source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
<b>BUILDING/FACILITY MAINTENANCE (Continued)</b>				
9. Are showers adequate in number, have adequate water pressure and maintenance at the proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are windows safely guarded in camp that houses children 10 years of age and under?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there no peeling paint of unknown lead content on any surface accessible to children under 6 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is lighting and ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are sleeping quarters properly constructed or maintained? Are floor to ceiling, bed to ceiling, or bed to bed clearances adequate and is the area sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are sleeping quarters for non-ambulatory campers located only on the ground floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are campers under 6 years of age prohibited from occupying rooms, areas, and spaces above the 3 <sup>rd</sup> floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are campers under the age of 24 months prohibited from occupying rooms, areas, and spaces above and below ground level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FIRE SAFETY</b>				
17. Are stoves or other heat sources properly installed? Flammable materials (gasoline, kerosene, etc.) properly marked and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are two means of egress (exit) provided for all assemblage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are there an adequate number of exits provided as required? Are fire exits unobstructed and free of locking devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is there a fire alarm system provided in a multi-story building used as sleeping quarters for 50 or more campers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
<b>FIRE SAFETY (Continued)</b>				
21. Is there a means of egress (exit) from buildings used for sleeping quarters by 30 or more persons protected by a minimum of three-quarter hour fire-resistant construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are fire extinguishers provided, placed in strategic and easily accessible points, inspected, tagged and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Is an automatic fire detection system with adequate smoke detectors provided in buildings 3 stories or more in height used for sleeping quarters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Are lighted exit signs provided in rooms occupied by 15 or more people or where exits are not readily visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is emergency lighting provided for halls and stairways where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are all existing electrical wiring and fixtures in good repair and safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Are tents housing five or more persons of fiber-impregnated flame-retardant variety or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CAMP EQUIPMENT</b>				
28. Are all indoor and outdoor summer camp equipment used by campers (play equipment and/or furniture) properly installed, maintained, in good repair and of safe design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VEHICLES</b>				
29. Will all vehicles used by campers be provided with a DOT inspection sticker, equipped with a first aid kit, tools, fire extinguishers, and flares or emergency warning triangles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
<b>WATER SAFETY</b>				
30. Is the main drain grate of the pool securely in place and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is the pool bottom clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Is the pool or deck area free of glass, sharp objects, or hidden dangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Are proper depth markings provided at swimming pools or at piers, floats and platforms used for diving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Is the minimum lifesaving equipment provided at the swimming pool or waterfront as required? <ul style="list-style-type: none"> <li>• Two rescue tubes with six feet of line or two U.S. Coast Guard-approved ring buoys at least 18 inches in diameter fitted with a quarter-inch diameter line with a length of 1.5 times the maximum width of the pool or 50 feet, whichever is less;</li> <li>• One reaching pole 15 feet long;</li> <li>• Any commercially prepared 24-unit first aid kit or, a minimum supply of band aids, bandage compresses and self-adhering gauze bandages;</li> <li>• A spine board, minimum size 6-foot-long and 16 inches wide, with at least 10 hand holds, and straps to hold and immobilize a victim;</li> <li>• A pocket face mask to assist with CPR.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Is there a 20 feet horizontal clearance between pool and overhead electrical wires? Are unprotected circuits or wiring not within 10' of pool? Is adequate emergency lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<b>WATER SAFETY (Continued)</b>				
36. Is an emergency exit from pool room provided and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Is the pool area properly enclosed, secured during non-use, and equipped with sufficient elevated towers or lookout stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FOOD PREPARATION FACILITIES</b>				
38. Are kitchens, dining areas and food service operations in compliance with the applicable provisions of NYC Health Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Are facilities provided for proper storage of food where campers are allowed to bring food from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Is plumbing properly maintained: hand-washing facilities provided, hot and cold running water provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Are the floors, walls and ceilings of food preparation area(s) clean, free from peeling paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Are the ventilation and lighting in the food preparation area(s) properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Are food contact surfaces (counter, cutting boards, etc.) properly constructed, installed or located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that, to the best of my knowledge, that the above information is true and accurate. I acknowledge that it is my responsibility to promptly notify the New York City Department of Health and Mental Hygiene Summer Camp Program of any changes in the status of my facility.

\_\_\_\_\_  
Operator/Director Name (Print)

\_\_\_\_\_  
Operator/Director Signature

\_\_\_\_\_  
Date of Self-Inspection (mm/dd/yy)

**A COMPLETED SELF-INSPECTION CHECKLIST MUST BE SUBMITTED WITH YOUR APPLICATION TO YOUR RESPECTIVE BOROUGH OFFICE.**