

NCAP Site Appraisal Form

This site appraisal form is for evaluating locations for Day Camps and Short-term Camps.

Day Camp / Short-term Camp Name: _____

Site: _____ Site Contact: _____

Address: _____ Date of Camp: _____

Event Chairperson: _____ Chairperson's Phone: _____

Site Owned by _____

Amenities	Yes	No	N/A
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1. The camping/activity site is clean and safe from hazards.
2. The site is clear of any natural or manmade hazards.
3. Campsite areas are available for tents.
4. Facilities are available for proper sanitary disposal of garbage.
5. Drinking water from an approved source is provided.
6. Emergency medical services are within 10 minutes from site.
7. Cellular phone service is available.
8. If fires are permitted, a safe location for fires are provided.
9. All utility hookups meet appropriate local and state health codes.
10. Shelter is available for program during inclement weather.
11. Well-marked and easy entrance and exit to facility.

If any of the above are listed as no, list below how the standards will be met:

Approved: Denied: *Please note: Approval is only good for the camp listed above.*

Day Camp/Short-Term Camp Administrator Signature _____ Date: _____

Scout Executive's Signature: _____ Date: _____