



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services

Date _____

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Trailer Court/Campground Inspection Report

Establishment Name _____ License _____
 Owner _____ Manager _____ Phone _____
 Location Address _____ City _____ County _____
 Inspection Purpose: Regular ____ Follow-up ____ Complaint ____ Illness Investigation ____ Pre-opening ____ Other ____

1. Campground
 General
 Limited
 Primitive
 a. RVs: Licensed _____ On site _____
 b. Tents: Licensed _____ On site _____
 c. Cabins: Licensed _____ On site _____

2. Trailer Court
 Service Building
 Cooking Shelter
 Watering Station
 Sanitary Station
 Licensed _____
 On site _____

REQUIREMENT (REFERENCE ARM TITLE 37, CHAPTER 111, SUBCHAPTER 2)	IN	OUT	NOT OBSERVED	N/A
Water supply potable & adequate. Alterations approved by DEQ, DPHHS and local authority. If private, 2 coliform tests taken (Apr 1-Jun 30, Jul 1-Sept 30). Nitrate every 3 yrs. <i>Date/result of last coliform: _____ Last nitrate: _____</i> Backflow device at every riser. Separate non-potable water supply posted with warning.				
Wastewater system adequate/no signs of failure. No pollution of state waters or potable water supplies. Alterations approved by DEQ, DPHHS and local authority. Riser pipe cap/plug tamper resistant, air tight. Liquid waste from sink/shower/baths disposed in approved wastewater system.				
Solid waste no cause of health/accident/fire hazard, rodent/insect harborage, air pollution. Containers approved, lids, clean, intact. No tipping, no spillage. Sufficient capacity/number. Within 300 ft of all sites. Weekly removal. Transported covered. Disposal facility licensed.				
Insects/rodents/vermin harborage eliminated. Control methods meet local requirements. Vegetative growth maintained w/in 100 ft of structures. Noxious weeds controlled. No litter, debris, burnable material. No standing water. Skirting material/construction approved. Access opening for service connections. Minimal dust from roadways. Electrical cords not in driveways, in good repair.				
Supervision adequate. Management available at all times.				
Address/ID symbols clear on each home or campsite.				
Trailer restrictions posted at campsite.				
Guest register maintained for 6 months (<i>unless limited or primitive campground only</i>).				
Pet animals limited to site unless leashed, not causing nuisance.				
Service building w/ adequate toilets, urinals, sinks, hot water showers, janitorial sink provided. Rooms w/ plumbing smooth, nonabsorbent, easily cleanable. Showers non-slip, vented. Openings screened or closed. Light provided. Located w/in 300 ft from all campsites. Clean/good repair. Showers/toilets/handsinks cleaned w/ disinfectant. Hand soap, toilet tissue provided. Cooking/shelter house cleaned daily.				
Cabin/tent/other structure cleaned after occupancy. Utensils washed, sanitized, in good repair. Mattresses covered, clean. Bedding in good repair, clean.				

Report Received By (sign) _____ (print) _____

Inspector (sign) _____ (print) _____

Phone _____ Email _____

Follow-up inspection required: Yes / No Date of follow-up _____