## **Campsite Inspection Sheet**

Week Number:	SPL/Crew President Name:						
Campsite Number:	Scoutmaster/Crew Advisor Name:				_		
Troop/Crew Number:							
Health and Safety Items	Score	Mon	Tue	Wed	Thurs	Fri	TOTAL
Flammables stored in locked container	5						
Visible ABC Fire Extinguisher (provided by unit if <b>flammables</b> in camp)	5						
Fireguard chart filled out and displayed	10						
Sink/water trough clean	5						
No vehicle in campsite	20						
First aid kit labeled and visible in campsite	5						
Hammocks hung properly	5						
Uniformity and Neatness							
All tent flaps down	5						
All tent ropes secured and tied	5						
Grounds clean of all litter and food	5						
Clotheslines marked and in safe areas	5						
General Rules							
US flag properly displayed	5						
State flag properly displayed (your home state)	5						
Unit flag properly displayed (troop, crew, post, or ship)	5						
Patrol flag properly displayed (or unit flag for crews, posts, and ships)	5						
Camp improvements (new daily)	5						
Commissioner Bonus Points							
Reward Points (EXTRA 10 points max)	10						
Daily Tot	al						
Inspector's Initia	ıls						
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**GRAND TOTAL**