



APPLICATION FOR SERVICE UNIT ENCAMPMENT ON NON-COUNCIL CAMPSITES

For non-council campsites, complete and return this form, to your field director, at least three months prior to your encampment.

ASSN ____ SU ____ Service Unit Manager _____

Address _____

Day phone _____ Evening phone _____ Email _____

Service Unit Encampment
Coordinator _____

Address _____

Day phone _____ Evening phone _____ Email _____

Date of SU Encampment coordinator training _____

Service Unit First Aider _____

Type of Certification _____ Expiration date _____

Please turn over to complete other side

SERVICE UNIT ENCAMPMENT SITE CHECK LIST FOR NON-COUNCIL SITES

Site Name _____ Date of encampment _____

Site Address _____

Type of Facility: Federal/State/County campground private campground
other: _____

Does it meet the following criteria outlined in *SafetyWise*, Program Standard 22 and the Troop Camping Activity Checkpoint?

- safe, secure, clean, properly ventilated, heated (if needed), lit, free from obvious hazards
- has at least two exits
- large enough for variety of activities
- accessible toilets and sanitary facilities
- accessible to telephones or other communication equipment
- emergency exits are functioning, easily accessible, adequate, and well marked
- if activities will take place into dusk, is adequate lighting present
- potentially dangerous areas clearly marked
- chemicals and flammable materials must be kept locked in a dry, well-ventilated storage area
- fire extinguishers working and available
- smoke detector present and working in all buildings used for sleeping

I certify I have inspected the above site and it meets the criteria listed above.

Service Unit Encampment Coordinator

Date

Service Unit Manager Signature

Date

Field Director Signature

Date

Camping Services 9/03