

# Mataguay Scout Reservation UNIT CAMPSITE INSPECTION SHEET

Unit # \_\_\_\_\_ Camp Site: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Check-In	Item	Check-Out
_____	Overall Camp Site Cleanliness	_____
_____	Picnic Tables	_____
_____	Fire Ring	_____
_____	Planned Program	_____
_____	Latrine Cleanliness	_____
_____	Latrine Smell	_____
_____	Latrine Toilet Paper	_____
_____	Wash Station Cleanliness	_____
_____	Wash Station Water	_____

**S= Satisfactory, U=Unsatisfactory, NR=Needs Repair, M=Missing, Y=Yes, N=No**  
**If you mark U or NR please give a detailed description in the comments section.**

Name of Unit \_\_\_\_\_  
 Leader: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Checked In By: \_\_\_\_\_

Checked Out By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please continue comments on back if needed.