

Pack Overnight Campout Site Appraisal Form

This site appraisal form is to be used by the local BSA council to evaluate pack overnight family camping locations. It should be kept on file in the council office for local unit reference and is periodically reviewed for accuracy.

Site: _____ Phone: _____

Address: _____ Website: _____

Site contact: _____ Title: _____

Site managed by (check one): City County State Federal Private BSA

Amenities	Meets Standard	
	Yes	No
1. The camping site is clean and safe from hazards.	_____	_____
2. The site is not located near 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 at convenient locations.	_____	_____
6. Emergency medical services (EMS) are available within 30 minutes from site.	_____	_____
7. Cellular phone service is available.	_____	_____
8. If fires are permitted, an adequate fire lay area is provided.	_____	_____
9. Any individual site hookups provided for electricity, water, or sewer meet all appropriate local and state health codes.	_____	_____
10. Each family site is located within 300 feet of a sanitary toilet facility.	_____	_____
11. Shelter is available for program activities during inclement weather.	_____	_____

Optional

12. If swimming is available, facilities meet county and state health standards. BSA safety guidelines for Safe Swim Defense are followed. N/A	_____	_____
13. Recreational vehicle sites are available.	_____	_____
14. Group campsite areas are available.	_____	_____
15. Clean and warm showers are available for all campers.	_____	_____
16. Sufficient picnic tables are available.	_____	_____
17. A permanent charcoal cooking station is available at each camping site.	_____	_____
18. An open area is available for group games and other recreational activities.	_____	_____
19. Well-marked and easy-to-follow trails are available.	_____	_____
20. Playground equipment is available and in good repair.	_____	_____

Additional Opportunities

List any items of interest, historical sites, etc., that are inside or near the campsites.

Site appraisal requested by: _____ Date: _____

Site appraised by: _____ Date: _____

Council contact: _____ Phone: _____

Site appraisal expires (date): _____ (This is two years from the date of review.)

