MATC Campsite Assessment Form

Facility Name _____ **Inspector's Name** _____

District _____ **Phone Number** _____

Assessment Date _____ **E-mail Address** _____

PLEASE, if conditions are not satisfactory, please describe in the "Comments" section below the specific nature of the problem using the number next to the item as a footnote.

Lean-to (General)	Yes	No	Unk.	N/A
1. Roof (leaks, breaks, nails up)				
1a. Skylight intact and solid?				
2. Deck (popped nails, breaks)				
3. Walls (rot, breaks)				
4. Sills (rot, ground creep)				
5. MATC register notebook				
6. Nails to hang things from				
7. Vegetation w/in 10 ft?				

Tent Sites	Yes	No	Unk.	N/A
Platforms:				
8. Deck (popped nails, breaks)				
9. Stringers (rot, ground creep)				
Earth:				
10. Grade ok (drainage, erosion)				

Privy	Yes	No	Unk.	N/A
Type (circle one):	Pit		Crib	
11. Walls (rot, breaks)				
12. Roof (leaks, breaks)				
13. Deck (popped nails, breaks)				
14. Sills (rot, ground creep)				
15. Door functional				
16. Hardware- seat, cover				
17. Adequate ventilation				
18. Breakdown agent added				
18b. Type				
19. Approach Trail				
20. "Do not put trash…" sign				
21. "Please Close Door" sign				
22. Hardware cloth intact				
23. Tools (broom, bucket)				
24. Capacity remaining	feet			

Water Source	Yes	No	Unk.	N/A
25. Seasonal?				
26. Is it clean?				
27. Reliable/adequate				
28. Approach trail ok?				

Signage	Yes	No	Unk.	N/A
29. Facility Name				
30. Direction to privy				
31. Direction to water				
32. Mileage				
33. MATC Information				
34. Carry-In/Carry-Out				

Overall Campsite	Yes	No	Unk.	N/A
35. Firepit (clean, litter free)				
35b. Fire-bucket available				
35c. Vegetation w/in 10 ft?				
36. Tools (rake, shovel, broom)				
37. Cleanliness				
38. Soil exposure excessive				
39. Tree damage excessive				
40. Hazard trees				

	Yes	No
Photos Taken?		

Comments (refernce # items above if applicable):

Please return form & pictures to:

Your District Overseer and/or the campsite committee.

campsite@matc.org