



NCAP Short-Term Site Appraisal Form

to be submitted with Authorization Request Form for Non-Council Properties

Camp / Event / Activity Title: _____

Site Name: _____

Site Contact: _____

Site Address: _____

Site Owned / Operated by: _____

Date(s) of Event: _____ One-time ___ or Recurring ___

Primary Contact for this Activity: _____

Phone Number: _____ Email: _____

AMENITIES:

		YES	NO	N/A
1.	Activity site clean, clear and safe from hazards – natural or manmade			
2.	Campsite areas are available for tents			
3.	Facilities are available for proper sanitary disposal of garbage			
4.	Drinking water from an approved source is provided			
5.	Cell Phone service is available			
6.	If fires are permitted, a safe location for fires is provided			
7.	All utility hook-ups meet appropriate local and state health codes			
8.	Adequate restroom facilities are available			
9.	Shelter is available for program during inclement weather			
10.	Well-marked and easy entrance and exit to facility			
11.	Distance to Emergency Medical Services _____ minutes			

List alternate plans for any amenities that received a “no” response above: _____

Appraisal is valid for the dates and activity listed above. Signatures below indicate initial compliance with NCAP Standard SA-002 and other related standards. This form must be submitted in conjunction with the NCAP Authorization and Assessment Declaration Form Part A.

Short-Term Camp Administrator / Date Signed

Scout Executive or Designee / Date Signed