

COMPLIANCE SCHEDULE APPLICATION

Maryland Department of Health (MDH)
 Center for Recreation and Community Envir. Health Services (CRCEHS)
 6 St. Paul Street, Suite 1301
 Baltimore, Maryland 21202-1608
 (410) 767-8417 FAX (410) 333-8926
 Toll Free 1-877-463-3464 ext. 78417

I. Camp Owner Information		
NAME OF OWNER		
MAILING ADDRESS OF OWNER		
CITY	STATE	ZIPCODE
II. Camp Information		
CAMP NAME		
PHYSICAL ADDRESS		
CITY	STATE	ZIPCODE
TYPE OF FACILITY	<input type="checkbox"/> DAY CAMP <input type="checkbox"/> RESIDENTIAL CAMP <input type="checkbox"/> DAY & RESIDENTIAL CAMP <input type="checkbox"/> TRIP CAMP <input type="checkbox"/> TRAVEL CAMP	
III. Compliance Information		
SPECIFY THE NONCOMPLIANT ITEM		
SPECIFY THE REASON THAT THE NONCOMPLIANT ITEM CANNOT BE IMMEDIATELY CORRECTED		
EXPLAIN THE PLAN FOR CORRECTING THE NONCOMPLIANT ITEM		
GIVE THE TIME SCHEDULE FOR CORRECTING THE NONCOMPLIANT ITEM		
IV. Signature		
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE		DATE
PHONE NUMBER	EMAIL ADDRESS	
For Office Use Only		
DOES OPERATION DURING THE TIME ALLOWED TO BRING THE YOUTH CAMP INTO COMPLIANCE ADVERSELY AFFECT THE HELATH AND SAFETY OF THE PUBLIC?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
COMPLIANCE SCHEDULE IS:		
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED
ENVIRONMENTAL HEALTH SPECIALIST'S SIGNATURE		DATE