

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL
INSPECTION REPORT



PURPOSE:

- ROUTINE
- CO-STRUCT
- COMPLAINT
- QA SURVEY
- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER

TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other

NAME OF SCHOOL Dillard Sr. ES.
ADDRESS 711 N. Dillard St. CITY W.G.
OWNER OCPS ZIP 32787
PERSON IN CHARGE Mr. Birler PHONE 907 872 0001

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RESULTS

Satisfactory
 Incomplete
 Unsatisfactory
Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	DATE
<input type="checkbox"/> 01	<input type="checkbox"/> 05
<input type="checkbox"/> 02	<input type="checkbox"/> 06
<input type="checkbox"/> 03	<input type="checkbox"/> 07
<input type="checkbox"/> 04	<input type="checkbox"/> 08
<input type="checkbox"/> 05	<input type="checkbox"/> 09
<input type="checkbox"/> 06	<input type="checkbox"/> 10
<input type="checkbox"/> 07	<input type="checkbox"/> 11
<input type="checkbox"/> 08	<input type="checkbox"/> 12
<input type="checkbox"/> 09	<input type="checkbox"/> 13
<input type="checkbox"/> 10	<input type="checkbox"/> 14

OUT OF BUSINESS

BEGIN	END
1:00	1:00
2:00	2:00
3:00	3:00
4:00	4:00
5:00	5:00
6:00	6:00
7:00	7:00
8:00	8:00
9:00	9:00
10:00	10:00
11:00	11:00
12:00	12:00

DATE
<u>02</u> - <u>2</u> <u>09</u>
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION
<u>8</u> <u>5</u> <u>7</u> <u>6</u> <u>5</u>
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

PERMIT NUMBER
<u>48</u> - <u>51</u> - <u>022</u> <u>15</u>
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

DE MALES

383

MALES

391

Violation of any of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. It is not to be used in lieu of a citation or other enforcement action. Violations noted in this report are subject to enforcement action under Chapter 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the results. Continued operation of this facility, without making these corrections, is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 64E-13, FS. This report shall not constitute an administrative fine or other legal action being initiated or continued.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/ Maintained	<input type="checkbox"/> 24. Brush/Traps	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage	
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source		
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

9) not enough pressure on drinking fountain → correct (131, P16, 238)
11) toilet clogged → correct (P16)
11) toilet tank not working properly → correct (P16)
2) hinges & screws lock doors → replace (P2, P1)
10) storage in restroom → plastic bins w/ lids only (103, 294)

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 321 689 1806
COPY OF REPORT RECEIVED BY: Angela Laird DATE: 2/12/09
DH 4030, 01/05 (Obsoletes Previous Editions)