

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT



PURPOSE:

- REGULATORY, COMPLAINT, QUERIES, OTHER, BUSINESS, COUNCIL OF OWNERS, CONSULTATION, OTHER

FOOD SERVICE INSPECTION REPORT

RESULTS

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

NAME OF ESTABLISHMENT: Keys Gate School
ADDRESS: 1601 Kingman Road CITY: Harvested
OWNER: Charter Schools USA ZIP: 33035
PERSON IN CHARGE: David McKnight PHONE: (305) 230 5630

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE. Includes handwritten entries for 10/12/11 and certificate number 13-48-1201812.

Table with columns: DATE. Grid for recording inspection dates from 05 to 14.

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Checklist of food safety items: FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, SANITARY FACILITIES AND CONTROLS, EQUIPMENT/TENSILS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT.

COMMENTS AND INSTRUCTIONS (continue on attached sheet)
- Individually packaged pre-cooked meals catered by Preferred Meal Systems.

HEALTH DEPARTMENT INSPECTOR: [Signature] ADDRESS: [Signature] PHONE: (305) 6233500
DATE: 10/12/11

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



TYPE:

- 12 Private School
13 Public School
14 Charter School
23 Vocational School
24 College/University
Other

PURPOSE:

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

CMagarino@keyscharter.org (4-2)

NAME OF SCHOOL: Keys Gate School
ADDRESS: 1601 Kingman Road. CITY: Homestead
OWNER: Charter Schools USA ZIP: 33035
PERSON IN CHARGE: David McKnight PHONE: (305) 230-630

CENSUS

Table with columns for gender (Males, Females) and age groups (0-4, 5-9, etc.)

RESULTS

Results section with checkboxes for Satisfactory, Incomplete, Unsatisfactory, and a table for Correct Violations by Date.

Table with columns: BEGIN, END, and handwritten times (e.g., 1:00, 2:00)

Table with columns: DATE, POSITION #, and handwritten values (e.g., 10/21, 84600)

Table with columns: POSITION #, PERMIT NUMBER, and handwritten values (e.g., 13-51)

Table with columns: PERMIT NUMBER, and handwritten values (e.g., 13-51)

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above.

Checklist of school sanitation, liquid/solid waste, safety, food, vector/vermin control, water supply, and other items.

Table with columns: ITEM NUMBERS and COMMENTS AND INSTRUCTIONS. Handwritten entry: 5 Rm A-111 - Eliminate dead insects from windowsills. - Post inspection report in conspicuous location in office

Health Department Inspector Signature: Adriane Guereiro, Date: 10/12/11

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

Ttinoco@Keyskuter.org (k-2)

NAME OF ESTABLISHMENT Keys Gate School

ADDRESS 1601 Kingman Rd CITY Homestead

OWNER Charter Schools USA ZIP 33035

PERSON IN CHARGE Isabel Tinoco PHONE (305) 230 5630

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE
00-00-00
01-01-01
02-02-02
03-03-03
04-04-04
05-05-05
06-06-06
07-07-07
08-08-08
09-09-09
10-10-10
11-11-11
12-12-12
13-13-13
14-14-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:00	12:55	09/29/11	84600	13-48-	<input checked="" type="checkbox"/> School
01:00	01:00				<input type="checkbox"/> Hospital
02:05	02:05				<input type="checkbox"/> Nursing
03:10	03:10				<input type="checkbox"/> Detention
04:15	04:15				<input type="checkbox"/> Lounge
05:20	05:20				<input type="checkbox"/> Civic
06:25	06:25				<input type="checkbox"/> Movie
07:30	07:30				<input type="checkbox"/> Residen.
08:35	08:35				<input type="checkbox"/> Child
09:40	09:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	12:55				

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking/Rapid cooling	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Food is catered. Prepared Meal System and individually packaged. All items are disposable.
22	Lower freezer temperature to 0°F (currently 4°F)

HEALTH DEPARTMENT INSPECTOR: Adriana Jimenez PHONE: (305) 233 3500

COPY OF REPORT RECEIVED BY: Isabel Tinoco DATE: 09/29/11

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



- PURPOSE:**
- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY OTHER
 OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Keys Gate School
ADDRESS 1601 Kingman Rd. **CITY** Homestead
OWNER Charter Schools USA **ZIP** 33035
PERSON IN CHARGE Isabel Tinoco **PHONE** (305) 230 5630

RESULTS

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

BEGIN	END
1:30	1:50
2:05	2:05
3:10	3:10
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
09/30/11
0-0-0-0-05
1-1-1-1-06
2-2-2-2-07
3-3-3-3-08
4-4-4-4-09
5-5-5-5-10
6-6-6-6-11
7-7-7-7-12
8-8-8-8-13
9-9-9-9-14

POSITION #
841600
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

CERTIFICATE NUMBER
1201812
3-48-
0-0-0-0-0
1-1-1-1-1
2-2-2-2-2
3-3-3-3-3
4-4-4-4-4
5-5-5-5-5
6-6-6-6-6
7-7-7-7-7
8-8-8-8-8
9-9-9-9-9

- TYPE**
- Hospital
 Nursing
 Detention
 Lounge
 Civic
 Movie
 School
 Residen.
 Child
 Limited
 Other

DATE
0-0-0-0-05
1-1-1-1-06
2-2-2-2-07
3-3-3-3-08
4-4-4-4-09
5-5-5-5-10
6-6-6-6-11
7-7-7-7-12
8-8-8-8-13
9-9-9-9-14

OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> FOOD SUPPLIES | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | <input type="checkbox"/> OTHER FACILITIES |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> AND OPERATIONS |
| <input type="checkbox"/> FOOD PROTECTION | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> TEMPORARY FOOD |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> SANITARY FACILITIES | <input type="checkbox"/> SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> VENDING MACHINES |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> CERTIFICATES AND FEES |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Food cooked by Prepared Meal System and individually packaged. Kept in walk in freezers. All items are disposable.

Site is satisfactory at time of inspection

HEALTH DEPARTMENT INSPECTOR: Wendy Townsend PHONE: (305) 673 3500

COPY OF REPORT RECEIVED BY: Wendy Townsend DATE: 09/24/11

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY OTHER
 OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

Chavez@Keys Charter. Org

NAME OF ESTABLISHMENT Keys Gate charter School
ADDRESS 2000 SE 28 Ave **CITY** Hunstead
OWNER Keys Gate Charter School **ZIP** 33035
PERSON IN CHARGE David Mcnighit **PHONE** (305) 230 1616

RESULTS

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

BEGIN	END
8:30a	8:50a
1:00	1:00
2:05 am	2:05 am
3:10 pm	3:10 pm
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE	POSITION #	CERTIFICATE NUMBER
10/17/11	84600	13-48-17404
0:0:0:0:0:05	0:0:0:0:0:0	0:0:0:0:0:0
1:1:1:1:1:06	1:1:1:1:1:1	1:1:1:1:1:1
2:2:2:2:2:07	2:2:2:2:2:2	2:2:2:2:2:2
3:3:3:3:3:08	3:3:3:3:3:3	3:3:3:3:3:3
4:4:4:4:4:09	4:4:4:4:4:4	4:4:4:4:4:4
5:5:5:5:5:10	5:5:5:5:5:5	5:5:5:5:5:5
6:6:6:6:6:11	6:6:6:6:6:6	6:6:6:6:6:6
7:7:7:7:7:12	7:7:7:7:7:7	7:7:7:7:7:7
8:8:8:8:8:13	8:8:8:8:8:8	8:8:8:8:8:8
9:9:9:9:9:14	9:9:9:9:9:9	9:9:9:9:9:9

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
0:0:0:0:05
1:1:1:1:06
2:2:2:2:07
3:3:3:3:08
4:4:4:4:09
5:5:5:5:10
6:6:6:6:11
7:7:7:7:12
8:8:8:8:13
9:9:9:9:14
<input type="checkbox"/> OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	TEMPORARY FOOD
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES	SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	AND CONTROLS	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 31. Water supply	VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

+ All items from previous inspection on 10/12/11 have been corrected.

Individually packaged precooked meals catered by Preferred Meals. All items disposable.

HEALTH DEPARTMENT INSPECTOR: Adriane Guerrero PHONE: (305) 2233500

COPY OF REPORT RECEIVED BY: Nearilyn Rodriguez DATE: 10/17/11

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

TYPE:
 Private School
 Public School
 Charter School
 Vocational School
 College/University
 Other



PURPOSE:
 ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 PREOPENING OTHER _____

choez@keyscharter.org

NAME OF SCHOOL Keys Gate Charter School
ADDRESS 2000 SE 28 Avenue **CITY** Homestead
OWNER Keys Gate Charter School **ZIP** 33035
PERSON IN CHARGE David McKnight **PHONE** (305) 230/66

CENSUS
1082
 000
 200
 300
 100-10-1
 200-20-2
 300-30-3
 400-40-4
 500-50-5
 600-60-6
 700-70-7
 800-80-8
 900-90-9
FEMALES
541
MALES
541

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

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:30	12:45	10/2/11	84600	13-51-11412
1:00	1:00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0
2:05 am	2:05 am	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1
3:10 pm	3:10 pm	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3
5:20	5:20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8
10:45	10:45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

SCHOOL SANITATION <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <input type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	WATER SUPPLY <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	LIQUID/SOLID WASTE <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste VECTOR/VERMIN CONTROL <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	SAFETY <input type="checkbox"/> 26. First Aid Kit FOOD <input type="checkbox"/> 27. Food Insp. Rpt. OTHER <input checked="" type="checkbox"/> 28. <u>cleaning products</u> <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
28	Rm 1210 - Secure cleaning products
3	Rm 1154 - Replace cracked cover plate (back left side room)
5	Clean all window sills in elementary Bldg & middle school Bldg.
5, 19	Repair water fountain handle (next to BR 1110)
3	Rm 1105 - Eliminate dead insect under table (back left of room)
	Secure loose electric cover plate back left side room - Rm 1101

HEALTH DEPARTMENT INSPECTOR: Adrienne Greene PHONE: 1305 6733500

COPY OF REPORT RECEIVED BY: Corinne Baez DATE: 10/12/11