

Work Order Details

Workorder ID 138873
 Location MCDSB, Gerald Adams ES
 Workorder Status S | Submitted
 Submitted By johannesh
 Time Entered 1/27/2014 11:00:03 AM
 Mileage/Hours
 Room Number playground
 Requested By johannesh
 Req. Completion Date
 Completion Date
 Priority
 Department
 Asset
 Budget Code
 Trade Code
 Contact hannah johannes
 Contact Email hannah.johannes@keysschools.com
 Assigned To
 Action Taken
 Project GM |
 Purpose Code

Description wooden part of playground has become un
 bolted from piece. had to describe. emialed
 pictures to Janene. unsafe for students playing

Uploaded Files

No files have been uploaded

[Docs](#)

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Fire Drill Report Form
2013 - 2014

School GERALD ADAMS ELEMENTARY

Date of Fire Drill October 18 2013 9:20am
Month Day Year Hour

Number of Pupils Participating 542

Time Required to Evacuate Building 1 minute 47 seconds

Regular Evacuation Plan Used YES NO

Comments:

Anna Lufkin
Principal

Fire Drill Report Form
20 - 20

School GERALD ADAMS ELEMENTARY

Date of Fire Drill 12 13 13 9:15am
Month Day Year Hour

Number of Pupils Participating 551

Time Required to Evacuate Building 1:41

Regular Evacuation Plan Used YES NO

Comments:

Anna Lufkin
Principal

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



PURPOSE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> PREOPENING | <input type="checkbox"/> OTHER _____ |

TYPE:

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

NAME OF SCHOOL Florida Virtual School
ADDRESS 3775 State St **CITY** Fort Lauderdale
OWNER FLVS **ZIP** 33309
PERSON IN CHARGE _____ **PHONE** 954-574-3000

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FEMALES

MALES

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

DATE		
05	06	07
08	09	10
11	12	13
14	15	16
17	18	19
20	21	22
23	24	25
26	27	28
29	30	31

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
00:00	00:00			4-51-33309-0000
05:00 AM	05:00 AM	05	05	0505050505
10:00 AM	10:00 AM	06	06	0606060606
15:00	15:00	07	07	0707070707
20:00	20:00	08	08	0808080808
25:00	25:00	09	09	0909090909
30:00	30:00	10	10	1010101010
35:00	35:00	11	11	1111111111
40:00	40:00	12	12	1212121212
45:00	45:00	13	13	1313131313
50:00	50:00	14	14	1414141414

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 BUILDINGS <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation SANITARY FACILITIES <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	<input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. WATER SUPPLY <input type="checkbox"/> 18. Installed/Operated/Maintained <input 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 type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR _____ PHONE _____
 COPY OF REPORT RECEIVED BY _____ DATE _____

DH 4030, 01/05 (Obsoletes Previous Editions)