

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



PURPOSE:

- ROUTINE
- CONSTRUCT.
- 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 Key West High School
 ADDRESS 2100 Flagler Ave. CITY Key West
 OWNER M.C.S.B. ZIP 33046
 PERSON IN CHARGE Felicia Hall PHONE 293 1549

CENSUS
 1179
 1000
2000
3000
4000
5000
6000
7000
8000
9000
FEMALES
 552
MALES
 627

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
01:00	01:00	2/20/14	54850	44-51-00000
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			

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

Room temps 75-80°F
 Lighting 40-80 fc.

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
11	Bathrooms that need cleaning: 4-601 male - toilets full - urine smell, 4-602 female - toilets if full; 1-701 male - handicap stall toilet seat soiled; 4-907 - 1 toilet not flushed & volume water looks low
	many toilets not flushed in many bathrooms - Student education
11	Bathrooms that need repairs: Gym - male - 1 toilet seat needed
15	Broken piece missing: 4-602 female - 1 dryer not working, 1 toilet seat broken (piece missing), 1 toilet seat missing entirely
19	Water fountain by 4-108 - adjust water height higher

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 809 5675
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 2/20/14