

**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** Polk Avenue Elementary School

**ADDRESS** 110 E Polk Avenue **CITY** Lake Wales

**OWNER** Polk County School Board **ZIP** 32853

**PERSON IN CHARGE** Gail Guam **PHONE** (888)678-4244

**CENSUS**

0000

1000

2000

3000

4000

5000

6000

7000

8000

9000

**FEMALES**

304

**MALES**

306

**RESULTS**

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
00:00	00:00			
01:05	01:05	01-01-05	01-01-01	01-01-01
02:10	02:10	02-02-05	02-02-02	02-02-02
03:15	03:15	03-03-05	03-03-03	03-03-03
04:20	04:20	04-04-05	04-04-04	04-04-04
05:25	05:25	05-05-05	05-05-05	05-05-05
06:30	06:30	06-06-05	06-06-06	06-06-06
07:35	07:35	07-07-05	07-07-07	07-07-07
08:40	08:40	08-08-05	08-08-08	08-08-08
09:45	09:45	09-09-05	09-09-09	09-09-09
10:50	10:50			
11:55	11:55			

*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.*

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>WATER SUPPLY</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<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 checked="" type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<b>FOOD</b>
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<b>VECTOR/VERMIN CONTROL</b>	<input type="checkbox"/> 27. Food Insp. Rpt.
<b>BUILDINGS</b>	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	<b>OTHER</b>
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input checked="" type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<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 checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
6	Needs light bulbs in class rooms.
9	Needs ventilation in Bathrooms in the classrooms.
28	Needs Conditioners for Sanitary Napkins and Girls Bathrooms.
	Correct the violation by next inspection.

HEALTH DEPARTMENT INSPECTOR: M. O. H. [Signature] PHONE: (888) 519-8330

COPY OF REPORT RECEIVED BY: [Signature] DATE: 1-31-09

DH 4030, 01/05 (Obsoletes Previous Editions)

**ESTABLISHMENT/FACILITY**