

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



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Nap Ford Community School
 ADDRESS 648 W Livingston St CITY Orlando
 OWNER _____ ZIP 32801
 PERSON IN CHARGE _____ PHONE _____

CENSUS
 140
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
 55
MALES
 85

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
DATE
 _____ 05
 _____ 06
 _____ 07
 _____ 08
 _____ 09
 _____ 10
 _____ 11
 _____ 12
 _____ 13
 _____ 14
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<u>03 01 10</u>	<u>48 043</u>	<u>48-51-04556</u>
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10 AM	<input type="checkbox"/> 10 AM	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

In accordance with 20.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below are 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 type="checkbox"/> 15. Handwash Facilities	LIQUID/SOLID WASTE	<input type="checkbox"/> 21. Sewage Disposal	SAFETY	<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	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.	FOOD	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 3. Athletic Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 24. Brush/Trash	OTHER	<input type="checkbox"/> 29. _____	
BUILDINGS	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 25. Water Collection/Drainage				
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 19. Drinking Fountains					
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 20. Approved Source					
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes						
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio						

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(5)	Replace stained ceiling tiles in room 1109 → correct

HEALTH DEPARTMENT INSPECTOR: H. T. P. Hamed Taghvi PHONE: (407) 333-2372
 COPY OF REPORT RECEIVED BY: X DATE: 3/1/10

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY