

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



- PURPOSE:**
- ROUTINE REINSPECTION
 - CONSTRUCT CHANGE OF OWNER
 - COMPLAINT CONSULTATION
 - GAS/SURVEY EPIDEMIOLOGY
 - PREOPENING OTHER _____

- TYPE:**
- Private School
 - Public School
 - Charter School
 - Vocational School
 - College/University
 - Other _____

NAME OF SCHOOL: McKool Academy
ADDRESS: 1810 W. Parker Street **CITY:** Lakeland
OWNER: _____ **ZIP:** 33815
PERSON IN CHARGE: Mr. William Henry **PHONE:** 883-499-2818

BEGIN	END
12:00 PM	1:30 PM

DATE	POSITION #
03/17/10	80102

PERMIT NUMBER
53-51-00894

MALES	FEMALES
564	408

ENLIST
1098

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on: _____

DATE
05
06
07
08
09
10
11
12
13
14

This report is prepared by the County Health Department. It is not a guarantee of safety. The County Health Department is not responsible for any injuries or damages resulting from the use of this report. The County Health Department is not responsible for any injuries or damages resulting from the use of this report. The County Health Department is not responsible for any injuries or damages resulting from the use of this report.

- | | | | | |
|---|---|---|---|---|
| <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"/> SAFETY |
| <input type="checkbox"/> 2 Playground Equipment | <input type="checkbox"/> 9 Mechanical Ventilation | <input type="checkbox"/> 16 Showers/Fixtures | <input type="checkbox"/> 22 Solid Waste | <input type="checkbox"/> 26 First Aid Kit |
| <input type="checkbox"/> 3 Athletic Equipment | <input type="checkbox"/> 10 Provided/Acceptable | <input type="checkbox"/> 17 Shower Water Temp | <input type="checkbox"/> 18 Installed/Operated/Maintained | <input type="checkbox"/> FOOD |
| <input type="checkbox"/> 4 Construction | <input type="checkbox"/> 11 Continence & Repair | <input type="checkbox"/> WATER SUPPLY | <input type="checkbox"/> 19 Drinking Fountains | <input type="checkbox"/> 27 Food Insp. Rpt. |
| <input type="checkbox"/> 5 Maintenance & Repair | <input type="checkbox"/> 12 Toilet Facilities | <input type="checkbox"/> 18 Installed/Operated/Maintained | <input type="checkbox"/> 24 Brush/Trash | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> 6 Lighting/Fork Candles | <input type="checkbox"/> 13 Separation of Sexes | <input type="checkbox"/> 20 Approved Source | <input type="checkbox"/> 25 Water Collection/Drainage | <input type="checkbox"/> 28 _____ |
| <input checked="" type="checkbox"/> 7 Heating, Ventilation, A/C | <input type="checkbox"/> 14 Fixture Ratio | | | <input type="checkbox"/> 29 _____ |

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

7 Ventilation from 2 chimneys boys/girls bathroom no lights.
 3 Trash and food debris was removed at kitchen by energy
 machines above.
 5 Boys locker room # 10-107 ceiling lights not working and standing water on floor.
 28 2 electrical lines replaced in stage room last year.
 29 Dirt built-up and part of floorboards replaced 12-12-09
 Electrical cable hanging under the drinking water fountain must be fixed. # 06-105 hallway.
 See diagram for location.

HEALTH DEPARTMENT INSPECTOR: _____
 DATE: 3/17/10