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

PURPOSE:

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

TYPE:

- [ ] 12 Private School
- [x] 13 Public School
- [ ] 22 Charter School
- [ ] 23 Vocational School
- [ ] 24 College/University
- [ ] Other _____

NAME OF SCHOOL: Country Club Middle School
ADDRESS: 8200 NW 71 PL CITY: Gainesville
OWNER: MDCB ZIP: 32605
PERSON IN CHARGE: Mr Lobeno PHONE: 352-220-7228

LICENSES: DJA

1000			
2000			
3000			
100	10	1	
200	20	2	
300	30	3	
400	40	4	
500	50	5	
600	60	6	
700	70	7	
800	80	8	
900	90	9	

FEMALES: 770

MALES: 770

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

DATE	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

- [ ] OUT OF BUSINESS

BEGIN	END
00	00
05 AM	05 AM
10 PM	10 PM
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE	POSITION	PERMIT NUMBER
09 06 08	03 3 1 6	13-51-14367

Under section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked are in violation of requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

SCHOOL SANITATION
- [ ] 1. School Site
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

BUILDINGS
- [ ] 4. Construction
- [x] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [x] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 18. Installed/Operated/ Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source

LIQUID/SOLID WASTE
- [ ] 21. Sewage Disposal
- [ ] 22. Solid Waste

VECTOR/VERMIN CONTROL
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt.

OTHER
- [ ] 28. _____
- [ ] 29. _____

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS	
(5)	Replace missing ceiling tiles in room 232 and 105.
(5)	Replace water damaged ceiling tiles in 2nd floor near North stair case
(5)(7)	Clean fan fan from A/C from the north fan cage
(5)	Avoid dinging boxes in storage rooms of classrooms

HEALTH DEPARTMENT INSPECTOR: [signature] Morton PHONE: 352-3300

COPY OF REPORT RECEIVED BY: [signature] DATE: 09/06/08

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY