

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

83086
83089



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 NORTH GLADE Elem.
 ADDRESS 5000NW 177ST CITY MARIETTA
 OWNER DADE COUNTY SCHOOL B ZIP 33005
 PERSON IN CHARGE DR. WILLIAMS PHONE 3/624-4302
ASSIST. PRINCIPAL

CENSUS
351
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
147
MALES
204

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
8:30	10:00	09/27/10	21430	13-51-08202
00	00	05	00	00
01	01	06	00	00
02	02	07	00	00
03	03	08	00	00
04	04	09	00	00
05	05	10	00	00
06	06	11	00	00
07	07	12	00	00
08	08	13	00	00
09	09	14	00	00

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	SANITARY FACILITIES	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<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	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input checked="" type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/ Maintained	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		VECTOR/VERMIN CONTROL	
		<input checked="" type="checkbox"/> 23. Infestation/Control	
		<input type="checkbox"/> 24. Brush/Trash	
		<input type="checkbox"/> 25. Water Collection/Drainage	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(5)	REPAIR THE OVERFLOWING OF WASTE WATER FROM THE A/C UNITS BY OUTSIDE OF THE MAIN OFFICE AND OUTSIDE BY THE CLASS ROOM #6.
(22)	KEEP DUMPSTER WITH THE LIDS DOWN. RELOCATE THE GREEN DUMPSTER BY THE POSITION OF THE RECYCLE DUMPSTER IN ORDER TO FACILITATE THE CLEANING OF THE WASTE AREA.
(23)(27)	REMOVE ALL DEAD ROACHES SEEN BEHIND THE LAUNDRY MACHINE. ACTION CORRECTED DURING INSPECTION DATE

HEALTH DEPARTMENT INSPECTOR: Delia C. Perry PHONE: 3/623-3572
 COPY OF REPORT RECEIVED BY: Manda Hill DATE: 9/27/10