(1-05-10)

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

PURPOSE:
- [x] ROUTINE
- [ ] CONSTRUCT
- [ ] COMPLAINT
- [ ] SURVEY
- [ ] PRE/POSTPONE
- [ ] PERIODICUPDATE
- [ ] CHANGE OF OWNER
- [ ] FOLLOW-UP
- [ ] EPIDEMIOLOGY
- [ ] OTHER

TYPE:
- [ ] Private School
- [ ] Public School
- [x] Charter School
- [ ] Vocational School
- [ ] College/University
- [ ] Other

NAME OF SCHOOL: Hoggetown Middle School

ADDRESS: 3930 NE 15th St. CITY: Gainesville

OWNER: Hoggetown Middle School, Inc ZIP: 32609

PERSON IN CHARGE: Gaspar Nichols*/ Kym Dalton PHONE: 367-4369 335-4775 (Fax)

CENSUS: 126

FEMALES: 65

MALES: 61

RESULTS
- [x] Satisfactory*
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on: (twice yearly)

DATE

- [ ] OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:45	11:30	08 18 10	26882	01-51-02476

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
- [ ] 1. School Site (ok)
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

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

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

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

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

VECTOR/VERMIN CONTROL Absolutely Pest Control
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage {Naturally wet surrounding area but school/property site appears adequately drained.}

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt.

OTHER
- [ ] 28.
- [ ] 29.

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

* Facility appears clean & in good repair for next week's school year opening.

Note: 1) 'self-closing' door mechanisms have been installed at all bathroom/doors. (Thank you.)
2) new solid-wood picnic tables have replaced older ones in back yard area. (Thank you.)
3) please contact A. Bowman @ ACHD (334-7938) for obtaining a 'limited' food permit.
4) plans to fix back-yard drinking fountain?

HEALTH DEPARTMENT INSPECTOR: Lee R. Coats PHONE: 334-7930

COPY OF REPORT RECEIVED BY: [signature] DATE: 8-18-10

DH 4030, 01/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS