

**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 Lake Wales High School  
 ADDRESS 1 Highlander Way CITY Lake Wales  
 OWNER Polk County School Board ZIP 33855  
 PERSON IN CHARGE Clark Berry PHONE (863)676-4220

CENSUS	
1000	109
2000	
3000	
4000	
5000	
6000	
7000	
8000	
9000	
FEMALES	
	705
MALES	
	704

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/> 00	<input type="checkbox"/> 00	05/13/08	3994	51-00994
<input checked="" type="checkbox"/> 05 AM	<input checked="" type="checkbox"/> 2:05 PM	05/13/08	0000	0000
<input checked="" type="checkbox"/> 10 PM	<input checked="" type="checkbox"/> 3:10 PM	05/13/08	0000	0000
<input type="checkbox"/> 15	<input type="checkbox"/> 15	05/13/08	0000	0000
<input type="checkbox"/> 20	<input type="checkbox"/> 20	05/13/08	0000	0000
<input type="checkbox"/> 25	<input type="checkbox"/> 25	05/13/08	0000	0000
<input type="checkbox"/> 30	<input type="checkbox"/> 30	05/13/08	0000	0000
<input type="checkbox"/> 35	<input type="checkbox"/> 35	05/13/08	0000	0000
<input type="checkbox"/> 40	<input type="checkbox"/> 40	05/13/08	0000	0000
<input type="checkbox"/> 45	<input type="checkbox"/> 45	05/13/08	0000	0000
<input type="checkbox"/> 50	<input type="checkbox"/> 50	05/13/08	0000	0000
<input type="checkbox"/> 55	<input type="checkbox"/> 55	05/13/08	0000	0000

*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.*

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<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"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<b>VECTOR/VERMIN CONTROL</b>
<b>BUILDINGS</b>	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio		<b>OTHER</b>
<input type="checkbox"/> 7. Heating, Ventilation, A/C			<input type="checkbox"/> 26. First Aid Kit
			<input type="checkbox"/> 27. Food Insp. Rpt.
			<input type="checkbox"/> 28. _____
			<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory no violation observed at time of inspection.

HEALTH DEPARTMENT INSPECTOR: M. O'Neil PHONE: (863) 519-8530  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3-17-08