

**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 Bonita Springs Middle School  
 ADDRESS 2001 West Tavares St CITY Bonita Springs  
 OWNER School Board of Collier Co ZIP 33135  
 PERSON IN CHARGE Joseph Williams PHONE 952-4482

**CENSUS**

653  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000

**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
11:55	12:30	8/21/07	31219	34-51-00133
12:00	12:00			
12:05 AM	12:05 AM			
12:10 PM	12:10 PM			
12:15	12:15			
12:20	12:20			
12:25	12:25			
12:30	12:30			
12:35	12:35			
12:40	12:40			
12:45	12:45			
12:50	12:50			
12:55	12:55			

FEMALES  
308

MALES  
344

Tupper

As per section 120.693 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>WATER SUPPLY</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"/> 26. First Aid Kit   |
| <input type="checkbox"/> 2. Playground Equipment      | <input type="checkbox"/> 9. Mechanical Ventilation | <input type="checkbox"/> 16. Showers/Fixtures              | <input type="checkbox"/> 22. Solid Waste               | <b>FOOD</b>                                  |
| <input type="checkbox"/> 3. Athletic Equipment        | <input type="checkbox"/> 10. Provided/Accessible   | <input type="checkbox"/> 17. Shower Water Temp.            | <b>VECTOR/VERMIN CONTROL</b>                           | <input type="checkbox"/> 27. Food Insp. Rpt. |
| <b>BUILDINGS</b>                                      | <input type="checkbox"/> 11. Cleanliness & Repair  | <input type="checkbox"/> 18. Installed/Operated/Maintained | <input type="checkbox"/> 23. Infestation/Control       | <b>OTHER</b>                                 |
| <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"/> 28. _____           |
| <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"/> 29. _____           |
| <input type="checkbox"/> 6. Lighting/Foot-Candles     | <input type="checkbox"/> 14. Fixture Ratio         |  |  |  |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C |  |  |  |  |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
11	27-A clean under the sink
6	27-A the overhead light is burned out
5	27-A hole in wall noted

HEALTH DEPARTMENT INSPECTOR: David J. B... PHONE: 952-214...  
 COPY OF REPORT RECEIVED BY: ... DATE: 8/21/07

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY