

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-51-00077  
Name of Facility: Lake Myrtle Elementary School  
Address: 22844 Weeks Boulevard  
City, Zip: Land O Lakes 34639

**Correct By: None**  
**Re-Inspection Date: None**

Type: Public Schools  
Owner: Pasco County School Board  
Person In Charge: Ivano Malzone Phone: (813) 949-3630  
PIC Email: imalzone@pasco.k12.fl.us

**Inspection Information**

Purpose: Routine  
Inspection Date: 3/12/2019

Begin Time: 09:30 AM  
End Time: 10:00 AM

**Additional Information**

FEMALES ..... 302  
MALES ..... 301

CENSUS ..... 603

*This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 6th Edition (2017). Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.*

**Violation Markings**

SCHOOL SANITATION	<b>IN</b> 11. Group Toilet Rooms	<b>IN</b> 21. Pest Control
<b>IN</b> 1. School Site	<b>IN</b> 12. Toilet Facilities	SAFETY
<b>IN</b> 2. Playground, Equip & Athletic Fields*	<b>IN</b> 13. Handwashing Facilities	<b>IN</b> 22. First Aid Kit
<b>IN</b> 3. Athletic & Playground Equipment	<b>IN</b> 14. Soap Dispensers	DIAPER CHANGING STATION
BUILDING CONST/MAINT.	<b>NA</b> 15. Shower Facilities	<b>NA</b> 23. Sanitizers
<b>IN</b> 4. Construction	<b>NA</b> 16. Showers Water Temperatures	<b>NA</b> 24. Changing Station & Mats
<b>IN</b> 5. Maintenance & Repair	WATER SUPPLY	<b>NA</b> 25. Hand Sink
<b>IN</b> 6. Lighting Standards	<b>IN</b> 17. Approved Source	<b>NA</b> 26. Garbage Can
<b>IN</b> 7. Heating, Ventilation, A/C Standards	<b>IN</b> 18. Drinking Fountains	ANIMAL HEALTH & SAFETY
<b>IN</b> 8. Natural Ventilation	LIQUID WASTE & WASTE WATER	<b>IN</b> 27. Animal Maintenance/Aggressive
<b>IN</b> 9. Mechanical Ventilation	<b>IN</b> 19. Sewage Disposal	DORM/RESIDENTIAL FACILITIES
SANITARY FACILITIES	<b>IN</b> 20. Solid Waste	<b>NA</b> 28. Maintenance/Complaint
<b>IN</b> 10. Provided/Accessible/Separation	PEST CONTROL	<b>NA</b> 29. Other

Marking Key: **IN** = the act or item was observed to meet standards; **OUT** = the act or item was observed not to meet standards; **NO** = the act or item was not observed to be occurring at the time of inspection; **NA** = the act or item is not performed by the facility or not part of the operation

Violation Key: \* = 2. Playground, Equipment & Athletic Fields

Inspector Signature:

Client Signature:

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**General Comments**

Satisfactory at time of inspection.  
Escorted throughout facility.

Email Address(es): imalzone@pasco.k12.fl.us;  
bburgess@pasco.k12.fl.us

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Alicia Steiert (85862)  
Inspector Contact Number: Work: (352) 521-1450 ex. 6164  
Print Client Name:  
Date: 3/12/2019

Inspector Signature:

Handwritten signature of Alicia Steiert.

Client Signature:

Handwritten signature of the client.