

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 51-51-1206086
Name of Facility: Fivay High School
Address: 12115 Chicago Avenue
City, Zip: Hudson 34669

Correct By: None
Re-Inspection Date: None

Type: Public Schools
Owner: District School Board of Pasco County
Person In Charge: Clement, Brian Phone: (727) 246-4000
PIC Email: bclement@pasco.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 5/13/2019

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

Additional Information

FEMALES 914
MALES 920
CENSUS 1834

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	IN 11. Group Toilet Rooms	IN 21. Pest Control
IN 1. School Site	IN 12. Toilet Facilities	SAFETY
IN 2. Playground, Equip & Athletic Fields*	IN 13. Handwashing Facilities	IN 22. First Aid Kit
IN 3. Athletic & Playground Equipment	IN 14. Soap Dispensers	DIAPER CHANGING STATION
BUILDING CONST/MAINT.	IN 15. Shower Facilities	NA 23. Sanitizers
IN 4. Construction	IN 16. Showers Water Temperatures	NA 24. Changing Station & Mats
IN 5. Maintenance & Repair	WATER SUPPLY	NA 25. Hand Sink
IN 6. Lighting Standards	IN 17. Approved Source	NA 26. Garbage Can
IN 7. Heating, Ventilation, A/C Standards	IN 18. Drinking Fountains	ANIMAL HEALTH & SAFETY
IN 8. Natural Ventilation	LIQUID WASTE & WASTE WATER	IN 27. Animal Maintenance/Aggressive
IN 9. Mechanical Ventilation	IN 19. Sewage Disposal	DORM/RESIDENTIAL FACILITIES
SANITARY FACILITIES	IN 20. Solid Waste	NA 28. Maintenance/Complaint
IN 10. Provided/Accessible/Separation	PEST CONTROL	NA 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): bclement@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: 5/13/2019

Inspector Signature:

Handwritten signature of Alicia Steiert.

Client Signature:

Handwritten signature of the client.