

FLC DA DEPARTMENT OF I

HEAL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ANNUAL SANITATION
CERTIFICATE

..yaM<>

208099

For: Food Program - School Cafeterias

Audit Control: **F009900** Permit
Number: **36-48-00700**

County: 106

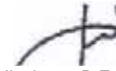
Facility Name: **Goodwill L.I.F.E Academy**

issued To: Goodwill Academies of Southwest Florida
3365-D Seminole Ave FortMyers.FL 33916

Issue Date: 10/1/2008
Amount Paid: \$ 165.00
Date Paid: 9/12/2008

Mailed To: Goodwill L.I.F.E Academy 3365-D
Seminole Ave. FortMyers.FL
33916

Permit ORIGINAL - CUSTOMER **Expires September 30, 2009** (Non-Transferable)



Jim Love, R.E.H.S.
DIRECTOR OF ENVIRONMENTAL HEALTH

Issued by: Lee County Health Department, Environmental Health Division
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DISPUI CERTIFICATE IN A CONSPICUOUS PLACE

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



PURPOSE:

C^ ROUTINE =3 REINSPECTION
 CONSTRUCT. 1=3 CHANGE OF OWNER
 COMPLAINT =3 CONSULTATION
 QA SURVEY 1=3 EPIDEMIOLOGY
 PREOPENING OTHER

TYPE:

d2l> Private School
 d3 Public School
 22 Charter School
 23 Vocational School Q&
 College/University C=1
 Other

<p>NAME OF SCHOOL</p> <p>ADDRESS. OWNER L</p> <p>PERSON IN CHARGE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>END</th> <th>BEGIN</th> <th>DATE</th> </tr> <tr> <td>ctnOO</td> <td>(J</td> <td>& _ , ' /-</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>nticra</td> <td>dxid</td> <td>C03C0</td> <td>1=305</td> </tr> <tr> <td>CSH20</td> <td>Zt3Cti</td> <td>3 Ct3Ct</td> <td>=306</td> </tr> <tr> <td>c33CtQi</td> <td>C23</td> <td>3 C23C2</td> <td>=307</td> </tr> <tr> <td>CS320</td> <td>03323</td> <td>CE C33C3</td> <td>c=08</td> </tr> <tr> <td></td> <td>OC</td> <td>DC</td> <td>=309</td> </tr> <tr> <td></td> <td>CS</td> <td>CS3</td> <td>=310</td> </tr> <tr> <td>CT330J</td> <td>03333</td> <td>CS3 CS3</td> <td>1=311</td> </tr> <tr> <td>03333</td> <td>ctCSO</td> <td>133 C7D</td> <td>=312</td> </tr> <tr> <td>ctQistSi</td> <td>32x53</td> <td>133 C83</td> <td>CT313</td> </tr> <tr> <td></td> <td></td> <td>C93 CS3</td> <td>1=314</td> </tr> </table> <p>cteJSS</p>	END	BEGIN	DATE	ctnOO	(J	& _ , ' /-	nticra	dxid	C03C0	1=305	CSH20	Zt3Cti	3 Ct3Ct	=306	c33CtQi	C23	3 C23C2	=307	CS320	03323	CE C33C3	c=08		OC	DC	=309		CS	CS3	=310	CT330J	03333	CS3 CS3	1=311	03333	ctCSO	133 C7D	=312	ctQistSi	32x53	133 C83	CT313			C93 CS3	1=314	<p align="center">CITY _</p> <p align="center">/ ^ ' /- • • / ^ " / r</p> <p align="center">POSITION #</p> <p align="center">PERMIT NUMBER</p> <p align="center">C23C23</p> <p align="center">5 1</p> <p align="center">ci3 irp ctn cID dn</p> <p align="center">033033</p> <p align="center">033 033</p>	<p align="center">2000 3000</p> <p align="center">2001?Qi r2"</p> <p align="center">FEMALES</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;">18</div> <p align="center">MALES</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;">17</div>
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		C93 CS3	1=314																																													

RESULTS		
c* Satisfactory		
en Incomplete		
en Unsatisfactory		
Correct Violations by		
c=3-Next Inspection		
en 8:00 AM on:		
Is, .	DATE	, :1
at on	dXiOJ	r=305
rt3Ct	CD CD	r=306
3 r2i	rf/rf-	
C33 DC	C33C3	=308
	QC	=309
CS3	C33	C=)10
033	053	=311
OS	cTD	1=312
033	C83	r=313
033	033	=314
=3 OUT OF BUSINESS		

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.

- | | | | | |
|--|--|--|---|---|
| <p>SCHOOL SANITATION</p> <p>1=3 1. School Site</p> <p>[=3 2. Playground Equipment</p> <p>[=3 3. Athletic Equipment</p> <p>BUILDINGS</p> <p>=3 4. Construction</p> <p>1=3 5. Maintenance & Repair</p> <p>1=3 6. Lighting/Foot-Candles</p> <p>r=3 7. Heating, Ventilation, A/C</p> | <p>en 8. Natural Ventilation =3</p> <p>9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p>1=3 10. Provided/Accessible</p> <p>=3 11. Cleanliness & Repair</p> <p>r=1 12. Toilet Facilities r=3</p> <p>13. Separation of Sexes 14. Fixture Ratio</p> | <p>1=3 15. Handwash Facilities</p> <p>1=3 16. Showers/Fixtures 1=3</p> <p>17. Shower Water Temp.</p> <p>WATER SUPPLY =3 18. Installed/Operated/ Maintained</p> <p>1=3 19. Drinking Fountains</p> <p>1=3 20. Approved Source</p> | <p>LIQUID/SOLID WASTE</p> <p>i=i 21. Sewage Disposal</p> <p>C=t 22. Solid Waste</p> <p>VECTOR/VERMIN CONTROL</p> <p>1=3 23. Infestation/Control</p> <p>25. Water Collection/Drainage</p> <p>r=3 24. Brush/Trash</p> | <p>SAFETY</p> <p>1=3 26. First Aid Kit</p> <p>FOOD</p> <p>1=3 27. Food Insp. Rpt.</p> <p>OTHER</p> <p>en 28. _____ en</p> <p>29. _____</p> |
|--|--|--|---|---|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
r	J
	'- U if-/, . ^.

HEALTH DEPARTMENT INSPECTOR: _____ PHONE: _____

COPY OF REPORT RECEIVED BY: _____ DATE: _____

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY