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

PURPOSE:

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] PREOPENING
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] EPIDEMIOLOGY
- [ ] OTHER _____

TYPE:

- [12] Private School
- [13] Public School
- [22] Charter School
- [23] Vocational School
- [24] College/University
- [ ] Other _____

NAME OF SCHOOL: BELIEVERS ACADEMY, INC.
ADDRESS: 5840 CORPORATE WAY - STE. 100 CITY: W.P.B.
OWNER: MARK MANNERS ZIP: 33407
PERSON IN CHARGE: MARK MANNERS PHONE: 340-2507

ENSU: 112

MALE: 26

MALES: 86

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE

- [ ] OUT OF BUSINESS

BEGIN	END
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE	POSITION	PERMIT NUMBER
100611	69370	50-51-03660

[illegible] of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items [illegible] Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period [illegible] operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11 FAC [illegible] may result in an administrative fine or other legal action being initiated or continued.

SCHOOL SANITATION
- [ ] 1. School Site
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

BUILDINGS
- [ ] 4. Construction
- [ ] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 18. Installed/Operated/ Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source

LIQUID/SOLID WASTE
- [ ] 21. Sewage Disposal
- [ ] 22. Solid Waste

VECTOR/VERMIN CONTROL
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt.

OTHER
- [ ] 28. _____
- [ ] 29. _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

SATISFACTORY

NO VIOLATIONS NOTED.

HEALTH DEPARTMENT INSPECTOR: [signature] / J. Morales PHONE: (561) 837-5774

COPY OF REPORT RECEIVED BY: [signature] DATE: 10 06 2011

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY