



School District of Osceola County
ANNUAL COMPREHENSIVE SAFETY INSPECTION
 New School Year 07/01/19 to 06/30/20
 Inspection Date: 05/13/20

Fish Number: 0853
School: New Dimensions High School
Address: 1900 Old Pleasant Hill Road
City: Kissimmee
State: Florida
Zip Code: 34759

| Fire Code | RuleID | Priority | Bldg | Room | Est Cost | Type | Deficiency | Times Cited | Cor Period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|------|----------|----------|------|--------------------------------------------------------------------------|-------------|------------|
| | 0081(11)(d) | C | 00 | 0000 | \$0.00 | O | Emergency evacuation diagram needs to be posted | 0 | 30 |
| A graphic diagram of primary and secondary evacuation routes shall be posted adjacent to the primary exit door from each student-occupied space. The diagram shall clearly indicate, by contrasting color and number, the primary and secondary route of evacuation. Exception: When an exit door from a self-contained classroom opens directly to the exterior. | | | | | | | | | |
| 199 | 13(x) | B | 100 | 006a | \$0.00 | O | Storage needs removed | 3 | 60 |
| Stage ramps | | | | | | | | | |
| | 10(f) | E | 100 | 117 | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| Sanitary bin or garbage can with lid must be provided | | | | | | | | | |
| 210 | 101-7.1.10.2 | C | 100 | 120 | \$0.00 | O | Secondary egress is obstructed - keep clear | 0 | 30 |
| | 1(e)8h | E | 200 | 201a | \$0.00 | O | Light shield is missing - replace | 0 | 30 |
| | 10(f) | E | 200 | 202 | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| Sink need soap and paper towels dispensers | | | | | | | | | |
| | 1(e)3 | E | 200 | 202 | \$0.00 | O | Activity/action is unsafe and must be discontinued | 0 | 30 |
| Remove area rug with curled edges at demo station creating tripping hazards | | | | | | | | | |
| 804 | 17(b) | B | 200 | 202a | \$0.00 | O | Extension cords are not approved for long term use - remove | 0 | 60 |
| | 1(e)8h | B | 200 | 202b | \$0.00 | O | Light bulb needs to be replaced | 0 | 60 |
| | 1(e)3 | B | 200 | 207 | \$0.00 | O | Household chemicals are not permitted - acquire chemicals from custodian | 0 | 60 |
| | 1(e)8h | E | 200 | Mech Rm | \$0.00 | O | Light shield is missing - replace | 0 | 30 |
| Mechanical room between room 204 and 206 | | | | | | | | | |
| 210 | 101-7.1.10.2 | C | 300 | 301 | \$0.00 | O | Secondary egress is obstructed - keep clear | 1 | 30 |
| Desk obstructs back exit. | | | | | | | | | |
| | 11 | B | 300 | Concs | \$0.00 | O | Clean dirty equipment. | 0 | 60 |
| Pop corn machine in concession stand needs cleaning | | | | | | | | | |
| | 10(f) | E | 300 | Girls LR | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| (Girls Locker Room) Paper towels dispenser missing in ADA stall / sanitary bags must be provided in bins | | | | | | | | | |
| 511 | 25-4.1 | F | 300 | Storage | \$100.00 | M | Fire sprinkler wrench missing from box - replace | 1 | 30 |
| 509 | 101-9.7.1 | F | 400 | 400d | \$50.00 | M | Fire sprinkler inspection is needed | 0 | 30 |
| Dated January 2019 | | | | | | | | | |
| 511 | 25-4.1 | F | 400 | 400d | \$100.00 | M | Fire sprinkler wrench missing from box - replace | 0 | 30 |
| Wrench missing | | | | | | | | | |



School District of Osceola County
ANNUAL COMPREHENSIVE SAFETY INSPECTION
 New School Year 07/01/19 to 06/30/20
 Inspection Date: 05/13/20

Fish Number: 0853
School: New Dimensions High School
Address: 1900 Old Pleasant Hill Road
City: Kissimmee
State: Florida
Zip Code: 34759

| Fire Code | RuleID | Priority | Bldg | Room | Est Cost | Type | Deficiency | Times Cited | Cor Period |
|------------------------------------------------------------------|-----------|----------|------|------|----------|------|------------------------------------------------------------------|-------------|------------|
| | 1(e)8h | B | 400 | 400e | \$0.00 | O | Light bulb needs to be replaced | 0 | 60 |
| | 1(e)6 | B | 400 | 401 | \$0.00 | O | Air fresheners, candles, odor masking substances are prohibited. | 0 | 60 |
| Candles and wax melter are not permitted | | | | | | | | | |
| | 10(b) | B | 400 | 407 | \$0.00 | O | TV needs to be strapped to the cart | 0 | 60 |
| | 1(e)3 | E | 400 | 407 | \$0.00 | O | Activity/action is unsafe and must be discontinued | 0 | 30 |
| Multi-strip plug separating needs replace - do not use | | | | | | | | | |
| | 8(d)1d | B | 500 | 500 | \$0.00 | O | Display case must be labeled as safety glass | 0 | 60 |
| Display cabinets outside 500D must have safety or tempered glass | | | | | | | | | |
| 804 | 17(b) | B | 500 | 504 | \$0.00 | O | Extension cords are not approved for long term use - remove | 0 | 60 |
| Extension plug at teacher's desk is not permitted | | | | | | | | | |
| | None | N | 500 | 504a | \$0.00 | N | No Access gained into room | 0 | 0 |
| 509 | 101-9.7.1 | F | 500 | 506 | \$50.00 | M | Fire sprinkler inspection is needed | 0 | 30 |
| Dated January 2019 | | | | | | | | | |
| | 10(f) | E | 500 | 507 | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| Sanitary bin or garbage can with lid missing | | | | | | | | | |
| | 10(f) | E | 500 | 508 | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| Sanitary bin or garbage can with lid missing | | | | | | | | | |
| | 10(f) | E | 500 | 509 | \$0.00 | O | Restroom accessories need repair/replaced. | 0 | 30 |
| Sanitary bin or garbage can with lid missing | | | | | | | | | |

Inspector Signature: _____

Date of Inspection: 05/13/20 Telephone Number: 407-892-6762

Reinspection Date: n/a Print Name: Jennifer Dymond

Address: 817 Bill Beck Blvd., Kissimmee, Florida 34744

For N, PK, KG-12 and Florida School for the Deaf and Blind ONLY: Emergency Evacuation Drills Held Once Every Month Yes / No

Approval of Reports by Board (including letter) Yes / No The District has compiled with Section 1013.12(1)(c) F.S. Yes / No

Signature of Facility Administrator attesting to Emergency Evacuation Drills and Review of Report Acknowledging awareness of discovered deficiencies:

Administrator Signature: _____ Date: _____