

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 52-51-00958
Name of Facility: Oldsmar Elementary
Address: 302 W Dartmouth Avenue
City, Zip: Oldsmar 34677

Correct By: None
Re-Inspection Date: None

Type: Public Schools
Owner: Pinellas County Schools-Operations Area I
Person In Charge: Logan, Gregory Phone: (813) 855-7316
PIC Email: logang@pcsb.org

Inspection Information

Purpose: Routine
Inspection Date: 9/8/2026

Begin Time: 07:30 AM
End Time: 09:00 AM

Additional Information

FEMALES 209
MALES 240

CENSUS 449

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

A. L. S.

Client Signature:

[Signature]

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General Comments

*NO VIOLATIONS OBSERVED AT TIME OF INSPECTION.

Notes:

Lighting: 41-84FC

RRHWS: 71-83F

FE: 9/2025.

Email Address(es): liemal@pcsb.org;
livingstonr@pcsb.org;
logang@pcsb.org;
ReynoldsJE@pcsb.org

Violations Comments

No Violation Comments Available

Inspection Conducted By: Adrijana Lewis (054455)
Inspector Contact Number: Work: (727) 275-6468 ex.
Print Client Name: April Vallar
Date: 9/8/2026

Inspector Signature:

Client Signature: