



COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, CO 80246-1530

PHONE (303) 692-3620 FAX (303) 753-6809

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NAME OF SCHOOL: Legacy Academy SCHOOL DISTRICT: Ellis C-1
 PRINCIPAL: Charles Harrison PHONE NUMBER: 303-753-2636
 ADDRESS: 1975 Legacy Circle CITY: Glyphart ZIP CODE: 80107
 COUNTY: _____ FERMID: _____ INSPECTOR ID: _____ DATE: _____ TRAVEL TIME: _____ INSPECT TIME: _____ TYPE: Regular
Follow-up Pre-Operational Complaint
 03 9 10 60 45 35 10 28 08 01 0 09 9

SCHOOL INSPECTION REPORT

Items marked below identify violations to be corrected as indicated by the regulatory authority. Failure to comply may result in further action by the regulatory authority.

- | | | |
|--|--|--|
| <p>2.0 GROUNDS
 <input type="checkbox"/> a) General</p> <p>3.0 SANITARY FACILITIES AND CONTROLS
 <input type="checkbox"/> a) Water
 <input type="checkbox"/> b) Sewage Disposal
 <input type="checkbox"/> c) Refuse Disposal
 <input type="checkbox"/> d) Insects, Rodents, Animals
 <input type="checkbox"/> e) Plumbing
 <input type="checkbox"/> f) Toilet, Lavatory, Bathing
 <input type="checkbox"/> g) Swimming Pool
 <small>(if applicable see attached pool inspection)</small></p> | <p>4.0 BUILDING OCCUPANCY, SPACE AND USE
 <input checked="" type="checkbox"/> a) General</p> <p>5.0 MECHANICAL
 <input type="checkbox"/> a) Electrical
 <input type="checkbox"/> b) Lighting
 <input checked="" type="checkbox"/> c) Ventilation
 <input type="checkbox"/> d) Heating</p> <p>6.0 EQUIPMENT AND SUPPLIES
 <input checked="" type="checkbox"/> a) General</p> <p>7.0 FOOD SERVICE
 <input type="checkbox"/> a) If applicable, see attached food service inspection.
 <input type="checkbox"/> b) Dining Area</p> | <p>8.0 LABS, INDUST. ARTS, VOCATIONAL
 <input checked="" type="checkbox"/> a) General
 <input type="checkbox"/> b) Chemical Storage/Handling
 <input type="checkbox"/> c) Chemical Inventory
 <input type="checkbox"/> d) MSDS
 <input type="checkbox"/> e) Written Plans
 <input type="checkbox"/> f) Safety Equipment
 <input type="checkbox"/> g) Ventilation</p> <p>9.0 HEALTH SERVICES
 <input type="checkbox"/> a) General</p> <p>10.0 MISCELLANEOUS
 <input type="checkbox"/> a) General
 <input type="checkbox"/> b) Asbestos Plan _____ date _____
 <input type="checkbox"/> c) Radon Monitored _____ date _____</p> |
|--|--|--|

ITEM #	REMARKS	Corrected At Time of Inspection	CORRECT BY (MM/DD/YY)
	School nurse: Kim Auslander is on call. Also see Ellen Thompson (Ellis C-1 nurse).		
4.0	Magnet fire extinguisher in classroom. It is on floor at this time.		
	Note: In class room I find mouse eyes went off. Make sure all who works in room, knows where switch is.		

Jan Hattel 535
Environmental Health Specialist ID #

[Signature] Received By Title: Facility Services

Items described below identify violations to be corrected as indicated by the regulatory authority. Failure to comply may result in further action by the regulatory authority.

ESTABLISHMENT	CITY	FIRM ID	DATE
<u>Legacy Academy</u>	<u>Elizabetan</u>	<u>10604</u>	<u>10/28/08</u>
ITEM #	REMARKS	Corrected At Time of Inspection	CORRECT BY (MM/DD/YY)
<u>5.</u>	<u>Main janitor closet had cabinets in it of chemicals. Properly ventilated room.</u>		
<u>6.</u>	<u>In Restroom, Rest room supplies were stored. These items may be obstructing movement in case of an emergency. A guard should be installed on this shelving unit.</u>		<u>Elizabetan 10/28/08</u>
<u>8.</u>	<u>two bottles of Hydrochloric phosphate not stored in cabinets these need to be properly stored.</u>		
	<u>Facility services manager very knowledgeable of entire school operation. Inspection conducted in less time due to her knowledge. Items from previous inspection corrected within time limits.</u>		
ENVIRONMENTAL HEALTH SPECIALIST:		RECEIVED BY:	
<u>Jerry J. Hudson</u>		<u>C. M. Steady</u> Facility Services	