

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



1 of 3

Facility Information

RESULT: Satisfactory

Permit Number: 17-51-01125
Name of Facility: Beulah Academy of Science
Address: 8633 Beulah Road
City, Zip: Pensacola 32526

Correct By: None
Re-Inspection Date: None

Type: Public Charter School
Owner: Beulah Academy of Science
Person In Charge: Kevin Bailey Phone: (850) 944-2822
PIC Email: KBailey@BFscience.com

Inspection Information

Purpose: Routine
Inspection Date: 11/19/2021

Begin Time: 11:15 AM
End Time: 11:45 AM

Additional Information

FEMALES 146
MALES 159

CENSUS 305

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

Client Signature:

Report emailed to Keith Bailey

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



2 of 3

General Comments

No violations noted at time of inspection. Please see notes below.

Note:
-Girls restroom handicap stall - repair or replace damaged soap dispenser.
-Hot water in student restroom registered at 120 degrees F. Reduce the temperature to not exceed 110 degrees F. PIC indicates that he turned water heater down to 110 degrees F. Inspector advised PIC that turning the hot water supply off at student handwashing sinks is an option.

Inspector to re-check these items during the next routine inspection.

Observation: New gymnasium construction underway.

Mr. Bailey is facility guide during inspection: 850-232-9684

Inspector not sharing computer/stylus at this time. Report emailed to Mr. Kevin Bailey.
BAscience@aol.com
KBailey@BFscience.com
KFBailey217@aol.com

Email Address(es): KBailey@BFscience.com;
BAscience@aol.com;
KFBailey217@aol.com

Violations Comments

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector, appearing to be "KGB".

Client Signature:

Report emailed to Kevin Bailey

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



3 of 3

Inspection Conducted By: Christie Gillenwater (027985)
Inspector Contact Number: Work: (850) 595-6700 ex. 2006
Print Client Name: Kevin Bailey
Date: 11/19/2021

Inspector Signature:

CG

Client Signature:

Report emailed to Kevin Bailey