

To: BJ Van Camp
Mr. Ryan Peck, Interim Director of Maintenance
Mr. Danny Allbritton, Director of Construction

From: Mr. LaRoderick E. McQueen, Certified Building Official / Divisional Director

Date: 05/30/2025

Subject: SREF Inspection Report – Lively Technical College/Adult & Community Education, 500 North Appleyard Drive, Tallahassee

Attached to this memorandum is the State Requirements for Educational Facilities (SREF) Inspection Report for the referenced facility. This report outlines identified deficiencies along with the corresponding corrective actions for the entire site. The “MOC” column within the report designates the responsible party for addressing each item as follows:

- **M (Maintenance):** These deficiencies are to be resolved by the Maintenance Department. Please do **not** submit work orders for items listed under this category. Upon completion of all related work, Code Enforcement staff must sign off to verify completion.
- **O (Operational):** Items in this category are the responsibility of site-based staff. These should be corrected within the allotted timeframe before the follow-up inspection.
- **C (Construction and Capital Outlay):** These deficiencies are to be addressed by the Construction/Facilities Department, or an appropriate corrective action plan should be developed.

Please note: *Any duplicate/completed deficiencies listed on the attached report, please disregard.*

Upon completion or development of a corrective action plan for the noted deficiencies, please submit notification to the Code Enforcement Department. Indicate completion by initialing and dating the line items you are responsible for on the provided report. Completed reports can be emailed to Mrs. Kathryn White at kathryn.white@leonschools.net.

A copy of this SREF Inspection Report will also be forwarded to the Board.

Please Note:

Under **SREF Chapter 4, Section 4.4 (2)**, a separate inspection report has been provided for each portable classroom on your site. State requirements mandate that these individual reports be posted in a visible location within each respective portable.

If you have any questions or require clarification regarding any item in this report, please contact Mr. Richard Taylor at the Code Enforcement Department at (850) 617-1812 or via email at richard.taylor@leonschools.net.

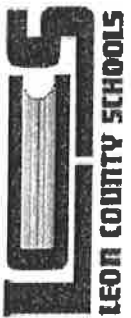
Thank you for your prompt attention and cooperation regarding this matter.

Attachment

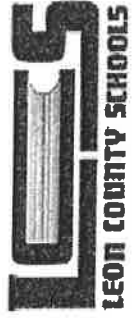
Cc: Deana McAllister, Assistant Superintendent

2757 W. Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7100 • Fax (850) 414-5194 • www.leonschools.net
"No person shall on the basis of sex, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law." No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth

“EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS”

| 03/22/2025 | |  LEON COUNTY SCHOOLS | | Lively Technical College/Adult & Community Education | | | | | |
|--|--|--|---|--|---|---------------------------------------|-------------------------------|---|---|
| INSPECTION DATE | INSPECTOR: Richard Taylor | | | SCHOOL/FACILITY/CAMPUS | 500 North Appleyard Drive Tallahassee, Florida 32303 | | | | |
| INSPECTOR SIGNATURE | SIGNATURE DATE | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | F.I.S.H. NUMBER 037-0361-036 | | | | | |
| <input checked="" type="checkbox"/> FIRE | <input checked="" type="checkbox"/> CASUALTY | <input checked="" type="checkbox"/> SANITATION | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | | | | | |
| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
| 1 | 0000 | 000 | C | Fire alarm system is not per NFPA 72 standards. System needs to be upgraded to function as one whole system. | | | | | |
| 2 | 0000 | 000 | M | Repair multiple roof leaks. | 0 | | | Site Wide | Roofing Department |
| 3 | 0002 | 128 | O | Mechanical room is being used as storage. Room is not designated storage on FISH report. | 0 | | | | |
| 4 | 0002 | 233 | O | Replace and date water stained ceiling tile(s). | 0 | | | | |
| 5 | 0003 | 101 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 6 | 0003 | 101C | O | Room is not designated storage on FISH report. Remove storage or add automatic initiation device. | 0 | | | | |
| 7 | 0003 | 101D | O | Replace multiple stained ceiling tiles. | 0 | | | | |
| 8 | 0003 | 102 | O | Replace and date water stained and/or broken ceiling tile(s) (x3). | 0 | | | | SREF 5(2)(e)(8)j |
| 9 | 0003 | 102 | O | Light cover needs cleaning. | 0 | | | | |
| 10 | 0003 | 102 | M | Smoke detector hanging from ceiling. | 0 | | | | Building Automation |
| 11 | 0003 | 108 | O | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | NFPA 101-15.2.11.1.1 NFPA 101-4.5.3.2 |
| 12 | 0003 | 119 | O | Light cover is needed. | 0 | | | | |
| 13 | 0004 | 000 | O | Welding Shop - extension cords cannot be used as permanent power. | 5 | | | Building Wide | |

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| | | | | 037-0361-036 | | | | | |
| TYPE OF INSPECTION | | FACILITIES & CONSTRUCTION DEPARTMENT | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | | | | | | |
| | | COMPREHENSIVE SAFETY INSPECTION | | | | | | | |
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| 14 | 0004 | 000 | O | Welding Shop - maintain access to the emergency eye wash stations and fire blankets at all times. | 6 | | | | |
| 15 | 0004 | 102 | M | Fire extinguisher needs to be mounted on wall properly. | 0 | | | | Structural Department |
| 16 | 0004 | 103 | M | Panic Hardware needed in exit doors (Assembly Area). | 2 | | | | Building Automation |
| 17 | 0004 | 104 | O | Mechanical room is being used as storage. Room is not designated storage on FISH report. | 0 | | | | |
| 18 | 0004 | 105 | O | Fire extinguisher is outdated, needs to be replaced and mounted on wall properly. | 0 | | | | |
| 19 | 0004 | 119 | M | Fire extinguisher needs to be mounted on wall properly. | 0 | | | | Structural Department |
| 20 | 0004 | 120 | O | Surge protectors outlets in individual welding bays need to be secured in more a permanent fashion. This type of surge protector is not designed to be secured by the cord. Box needs to be permanently mounted. (#27, #28, #29, and #30.) | 1 | | | | |
| 21 | 0004 | 122 | M | Replace/repair cracked threshold molding at bathroom door. | 0 | | | | Structural Department |
| 22 | 0004 | 127B | M | Fire extinguisher cabinet is missing handle. | 0 | | | | Structural Department |
| 23 | 0004 | 128 | O | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 24 | 0004 | 141 | O | Replace missing and/or broken ceiling tile(s). | 0 | | | | |
| 25 | 0006 | 000 | O | Exterior of Building #6 needs pressure washing. | 0 | | | | |

|  | | Lively Technical College/Adult & Community Education SCHOOL/ FACILITY/CAMPUS 500 North Appleyard Drive Tallahassee, Florida 32303 | | | | | | |
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| INSPECTION DATE 03/22/2025 | | INSPECTOR: Richard Taylor | | | | | | |
| INSPECTOR SIGNATURE _____ | | SIGNATURE DATE _____ | | | | | | |
| TYPE OF INSPECTION FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION <input checked="" type="checkbox"/> | | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | | | | | |
| F.I.S.H. NUMBER 037-0361-036 | | | | | | | | |
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| 26 | 0006 | 000 | East side of sidewalk near Building #6 is cracked and uneven, possible trip hazard. | 0 | | | | Structural Department |
| 27 | 0006 | 103 | No access. | 0 | | | | |
| 28 | 0006 | 118 | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 29 | 0006 | 118 | Light is missing cover. | 0 | | | | |
| 30 | 0007 | 000 | South side gutter termination needs to be repaired. | 0 | | | | Structure Department |
| 31 | 0007 | 103 | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 32 | 0007 | 104 | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 33 | 0007 | 106 | Ceiling tiles need to be installed correctly in Barber's Classroom at Island Post. | 0 | | | | |
| 34 | 0007 | 106 | Repair possible roof leaks and replace stained ceiling tiles near exterior walls. | 0 | | | | Roofing Department |
| 35 | 0007 | 109 | Replace stained ceiling tile. | 1 | | | | |
| 36 | 0007 | 109 | Remove combustible items stored near hot water heater. | 0 | | | | |
| 37 | 0007 | 120 | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 38 | 0007 | 120 | This area is not designated for storage. If storage is desired, a CHANGE OF USE needs to be submitted to Facilities & Construction Department for Review. | 1 | | | | |

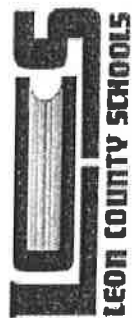
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| TYPE OF INSPECTION | | FACILITIES & CONSTRUCTION DEPARTMENT | |
| FIRE <input checked="" type="checkbox"/> | | 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | |
| CASUALTY <input checked="" type="checkbox"/> | | COMPREHENSIVE SAFETY INSPECTION | |
| SANITATION <input checked="" type="checkbox"/> | | FISCAL YEAR: 2024-2025 | |

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| | | | | | | | | | |
| 39 | 0007 | 124 | O | This area is not designed for flammable storage. | 1 | | | | |
| 40 | 0007 | 127 | O | Light cover is needed. | 0 | | | | |
| 41 | 0007 | 130 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 42 | 0008 | 000 | O | Replace and date water stained and/or broken ceiling tile(s) directly across from room #128. | 0 | | | | SREF 5(2)(e)(8)j |
| 43 | 0008 | 102 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 44 | 0008 | 103 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 45 | 0008 | 108A | O | Replace missing and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 46 | 0008 | 118 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 47 | 0008 | 119A | M | Adjacent to Room #121, alarm panel is showing trouble. | 0 | | | | Building Automation |
| 48 | 0008 | 121 | O | Replace missing and/or broken ceiling tile(s) (in hallway area). | 0 | | | | |
| 49 | 0008 | 123 | O | No access. | 0 | | | | |
| 50 | 0008 | 124 | O | No access. | 0 | | | | |
| 51 | 0008 | 128 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 52 | 0008 | 128 | O | Light covers (x2) need cleaning. | 0 | | | | |

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| 53 | 0008 | 130 | O | Light cover is needed. | 0 | | | | |
| 54 | 0008 | 130 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 55 | 0008 | 800 | O | Replace missing and/or broken ceiling tile(s). | 0 | | | | |
| 56 | 0009 | 133 | O | Light covers needs cleaning (x3). | 0 | | | | |
| 57 | 0009 | 133A | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 58 | 0009 | 138 | O | Extension cords cannot be used as permanent power. | 0 | | | | |
| 59 | 0009 | 138 | O | Light cover needs cleaning. | 0 | | | | |
| 60 | 0009 | 144 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | |
| 61 | 0009 | 147A | O | Replace and date water stained and/or broken ceiling tile(s) (x3). | 0 | | | | SREF 5(2)(e)(8)j |
| 62 | 0010 | 000 | M | Make sure that all units that allow automobiles to enter have adequate Carbon monoxide detection. | 2 | | | | Building Automation |
| 63 | 0010 | 000 | O | Check building wide for light covers. | 0 | | | | |
| 64 | 0010 | 000 | O | Replace and date water stained and/or broken ceiling tile(s) between rooms 162 and 175. | 0 | | | | SREF 5(2)(e)(8)j |
| 65 | 0010 | 121 | O | Electrical room is being used as storage. Room is not designated storage on FISH report. | 0 | | | | |
| 66 | 0010 | 137 | O | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 67 | 0010 | 146 | M | Unfinished wall, insulation is exposed. | 0 | | | | Structural Department |

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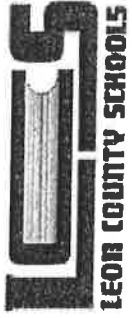


FACILITIES & CONSTRUCTION DEPARTMENT
 3420 W. THARPE ST., TALLAHASSEE, FL 32303
 COMPREHENSIVE SAFETY INSPECTION
 FISCAL YEAR: 2024-2025

INSPECTOR SIGNATURE SIGNATURE DATE
 TYPE OF INSPECTION
 FIRE CASUALTY SANITATION

F.I.S.H. NUMBER
 037-0361-036

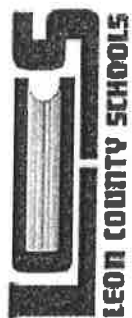
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|--------|-----------------|-------------|---|---|---|---|--|---------------------------------------|-------------------------------|---|---|
| 68 | 0010 | 149 | O | | | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 69 | 0010 | 151 | O | | | Gas cans and gas powered equipment need to be stored in proper storage area. | 3 | | | | |
| 70 | 0010 | 151 | O | | | Provide and maintain an unobstructed pathway to the electrical panel. | 0 | | | | |
| 71 | 0010 | 158 | O | | | Maintain clearance to fire extinguisher at all times. | 2 | | | | |
| 72 | 0010 | 159 | O | | | Vent need cleaning. | 0 | | | | |
| 73 | 0010 | 160 | O | | | Several ceiling tiles are missing. | 0 | | | | |
| 74 | 0010 | 161 | O | | | Remove combustible items stored near hot water heater. | 0 | | | | |
| 75 | 0010 | 161 | O | | | Replace missing and/or broken ceiling tile(s). | 0 | | | | |
| 76 | 0010 | 162 | O | | | Several ceiling tiles are missing and/or stained. | 0 | | | | |
| 77 | 0010 | 162 | O | | | Extension cords cannot be used as permanent power. | 0 | | | | |
| 78 | 0010 | 162 | M | | | Ceiling tile brace is broken. | 0 | | | | Structural Department |
| 79 | 0010 | 170 | O | | | No access. | 0 | | | | |
| 80 | 0010 | 175 | M | | | Door is difficult to open and close, it is not aligned properly. | 0 | | | | Structural Department |
| 81 | 0010 | 176 | O | | | Light covers are needed (x4). | 0 | | | | |
| 82 | 0010 | 176 | O | | | Ceiling tiles need sealing. | 0 | | | | |

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| INSPECTOR SIGNATURE | F.I.S.H. NUMBER 037-0361-036 |
| TYPE OF INSPECTION | SCHOOL/FACILITY/CAMPUS |
| <input checked="" type="checkbox"/> FIRE | 500 North Appleyard Drive Tallahassee, Florida 32303 |
| <input checked="" type="checkbox"/> CASUALTY | |
| <input checked="" type="checkbox"/> SANITATION | |

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| 83 | 0010 | 188 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace missing and/or broken ceiling tile(s). | 0 | | | | |
| 84 | 0010 | 188 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Air hose on floor is a trip hazard, remove and put in proper place. | 0 | | | | |
| 85 | 0010 | 192 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 86 | 0010 | 193 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 87 | 0010 | 195A | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace and date water stained and/or broken ceiling tile(s) (x2). | 0 | | | | SREF 5(2)(e)(8)j |
| 88 | 0010 | 199A | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 89 | 0010 | 195B | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ceiling tile is not flush with ceiling. | 0 | | | | |
| 90 | 0010 | 200 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Remove non-approved furniture that does not have NFPA label or certificate. | 0 | | | | NFPA 101-10.3.2 |
| 91 | 0010 | 200 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 92 | 0010 | 200 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Replace missing and/or broken ceiling tile(s). | 0 | | | | |
| 93 | 0010 | 208 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Remove non-approved furniture that does not have NFPA label or certificate. | 0 | | | | NFPA 101-10.3.2 |
| 94 | 0010 | 208A | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Light covers needed (x2). | 0 | | | | |
| 95 | 0010 | 209 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dryer vent needs to be properly attached behind dryer. | 0 | | | | |
| 96 | 0010 | 209 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Festive lights are prohibited for more than 60 days. | 0 | | | | |
| 97 | 0010 | 216 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Room is not designated storage on FISH report. Remove storage or add automatic initiation device. | 0 | | | | |

03/22/2025
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 COMPREHENSIVE SAFETY INSPECTION
 FISCAL YEAR: 2024-2025

Lively Technical College/Adult & Community Education
 SCHOOL/FACILITY/CAMPUS
 500 North Appleyard Drive
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 F.I.S.H. NUMBER
 037-0361-036





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| 98 | 0012 | 001 | M | Electrical wires are exposed. | 0 | | | | Electrical Department |
| 99 | 0014 | 000 | O | Fire alarm log book needs to be located at panel at all times. | 2 | | | | |
| 100 | 0014 | 000 | M | Water fountains on outside of building are inoperable (x3). | 2 | | | | Plumbing Department |
| 101 | 0014 | 000 | O | Walkways around perimeter of building shall be kept free of leaves and debris at all times. | 0 | | | | |
| 102 | 0014 | 000 | M | Check entire building for possible leaks. | 0 | | | Building Wide | Roofing Department |
| 103 | 0014 | 109 | O | Light cover needs cleaning. | 0 | | | | |
| 104 | 0014 | 109 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 105 | 0014 | 114 | O/M | Investigate for Leaks and Replace stained ceiling tiles. | 0 | | | | Roofing Department |
| 106 | 0014 | 121 | M | Seal penetrations around ceiling tile(s). | 0 | | | | |
| 107 | 0014 | 121 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 108 | 0014 | 122 | O | Replace and date water stained and/or broken ceiling tile(s) (x4). | 0 | | | | SREF 5(2)(e)(8)j |
| 109 | 0014 | 123 | O | Replace and date water stained and/or broken ceiling tile(s) (x4). | 0 | | | | SREF 5(2)(e)(8)j |
| 110 | 0014 | 123A | O | Light cover needs cleaning. | 0 | | | | |
| 111 | 0014 | 125 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 112 | 0014 | 128 | O | Replace and date water stained and/or broken ceiling tile(s) (x3). | 0 | | | | SREF 5(2)(e)(8)j |

| INSPECTION DATE | | SIGNATURE DATE | | SCHOOL/FACILITY/CAMPUS | | | | | |
|--|-----------------|----------------|-------------|--|--|---------------------------------------|-------------------------------|---|---|
| 03/22/2025 | | | | Lively Technical College/Adult & Community Education | | | | | |
| INSPECTOR: Richard Taylor | | | | 500 North Appleyard Drive Tallahassee, Florida 32303 | | | | | |
| INSPECTOR SIGNATURE | | SIGNATURE DATE | | F.I.S.H. NUMBER | | | | | |
| | | | | 037-0361-036 | | | | | |
| TYPE OF INSPECTION | | SANITATION | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | | | | | | | | |
| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
| 113 | 0014 | 128A | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 114 | 0015 | 000 | O | Several light covers need cleaning in Building 15. | 0 | | | Building Wide | Structural Department |
| 115 | 0015 | 000 | M | Stairwell exit door need adjusting. | 0 | | | | |
| 116 | 0015 | 000 | O | Check and clean light on elevator. | 0 | | | | |
| 117 | 0015 | 000 | O | Replace and date water stained and/or broken ceiling tile(s)(x2) outside of room #203. | 0 | | | | SREF 5(2)(e)(8j) |
| 118 | 0015 | 000 | M | Water fountain outside of room #203 is inoperable. | 0 | | | | Plumbing Department |
| 119 | 0015 | 101 | O | Remove non-approved furniture that does not have NFPA label or certificate. | 0 | | | | NFPA |
| 120 | 0015 | 101 | M | Seal ceiling tile around security camera. | 0 | | | | Building Automation |
| 121 | 0015 | 120 | M | Replace cracked Electrical Receptacle outside of #120 in corridor. | 0 | | | | Electrical Department |
| 122 | 0015 | 127 | O | Investigate for Leaks (tiles have recent dates) and Replace stained ceiling tiles. | 0 | | | | |
| 123 | 0015 | 128 | O | Replace and date water stained ceiling tile(s) (x3). | 0 | | | | SREF 5(2)(e)(8j) |
| 124 | 0015 | 128A | O | Fire extinguishers are required to have monthly inspections and report sent to the District. | 0 | | | | |
| 125 | 0015 | 130 | O | Replace and date water stained ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8j) |
| 126 | 0015 | 130C | O | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 127 | 0015 | 131 | O | Light cover is needed. | 0 | | | | |

| | | | | |
|--|----------------------------|---|---|--|
| 03/22/2025 | LEON COUNTY SCHOOLS | | Lively Technical College/Adult & Community Education | |
| INSPECTION DATE | | SCHOOL/FACILITY/CAMPUS | | |
| INSPECTOR: Richard Taylor | | 500 North Appleyard Drive | | |
| | | Tallahassee, Florida 32303 | | |
| INSPECTOR SIGNATURE | | F.I.S.H. NUMBER | | |
| SIGNATURE DATE | | 037-0361-036 | | |
| TYPE OF INSPECTION | | FACILITIES & CONSTRUCTION DEPARTMENT | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | |
| | | COMPREHENSIVE SAFETY INSPECTION | | |
| | | FISCAL YEAR: 2024-2025 | | |

| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
|--------|-----------------|-------------|-------------|---|--|---------------------------------------|-------------------------------|---|---|
| 128 | 0015 | 131 | O | Bio-hazard room is being used for storage. Room is not designated storage on FISH report. | 0 | | | | |
| 129 | 0015 | 132 | O | Ceiling tile is missing. | 0 | | | | |
| 130 | 0015 | 132 | O | Unobstructed access is required at panelboards. | 0 | | | | SREF 5(17)(b)(2) |
| 131 | 0015 | 135 | O | Light cover need to be properly secured. | 0 | | | | |
| 132 | 0015 | 135A | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | |
| 133 | 0015 | 137B | O | Bed too close to Southside Exit door - Bed cannot be within 10' of Exit door. | 0 | | | | |
| 134 | 0015 | 201 | O | Light cover need to be properly secured. | 0 | | | | |
| 135 | 0015 | 201 | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | |
| 136 | 0015 | 203 | O | Light cover is needed. | 0 | | | | |
| 137 | 0015 | 206 | O | Provide and maintain an unobstructed access to the exit and/or emergency escape window. | 0 | | | | |
| 138 | 0015 | 206A | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 139 | 0015 | 206B | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 140 | 0015 | 206C | O | Replace and date water stained and/or broken ceiling tile(s). | 0 | | | | |
| 141 | 0015 | 208C | O | Light cover needs cleaning. | 0 | | | | |
| | | | | END OF SREF INSPECTION REPORT | | | | | |

| 03/22/2025 | |  LEON COUNTY SCHOOLS | | <i>Lively Technical College/Adult & Community Education</i> | | | | | | | |
|---|-----------------|--|-------------|---|--|--|--|---------------------------------------|-------------------------------|---|---|
| INSPECTION DATE | | | | SCHOOL/ FACILITY/CAMPUS | | | | | | | |
| INSPECTOR: Richard Taylor | | | | 500 North Appleyard Drive Tallahassee, Florida 32303 | | | | | | | |
| INSPECTOR SIGNATURE | | SIGNATURE DATE | | FACILITIES & CONSTRUCTION DEPARTMENT | | F.I.S.H. NUMBER | | | | | |
| TYPE OF INSPECTION | | 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | 037-0361-036 | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | | | | | | | | |
| Item # | Building Number | Room Number | M O C | <u>Deficiency Description and Corrective Action Required</u> | | | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
| A re-inspection of the identified deficiencies will be performed approximately _____ days subsequent of inspection date. | | | | Re-Inspection Date: _____ | | | | | | | |
| The principal shall hold at least one (1) fire drill during each month, with an additional drill being held within the first 30 days of school. | | | | YES | | NO | | | | | |
| Reviewed Emergency Generator Report. | | YES | | NO | | Emergency Generator Report up-to-date as of SREF Inspection. | | YES | | NO | |
| Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Leon County School/Site Administrator | | | | | | | | | | | |

To: BJ Van Camp
Mr. Ryan Peck, Interim Director of Maintenance
Mr. Danny Allbritton, Director of Construction

From: Mr. LaRoderick E. McQueen, Certified Building Official / Divisional Director

Date: 05/30/2025

Subject: SREF Inspection Report – Lively Aviation, 3290 Capital Circle Southwest, Tallahassee, FL 32310

Attached to this memorandum is the State Requirements for Educational Facilities (SREF) Inspection Report for the referenced facility. This report outlines identified deficiencies along with the corresponding corrective actions for the entire site. The “MOC” column within the report designates the responsible party for addressing each item as follows:

- **M (Maintenance):** These deficiencies are to be resolved by the Maintenance Department. Please do **not** submit work orders for items listed under this category. Upon completion of all related work, Code Enforcement staff must sign off to verify completion.
- **O (Operational):** Items in this category are the responsibility of site-based staff. These should be corrected within the allotted timeframe before the follow-up inspection.
- **C (Construction and Capital Outlay):** These deficiencies are to be addressed by the Construction/Facilities Department, or an appropriate corrective action plan should be developed.

Please note: Any duplicate/completed deficiencies listed on the attached report, please disregard.

Upon completion or development of a corrective action plan for the noted deficiencies, please submit notification to the Code Enforcement Department. Indicate completion by initialing and dating the line items you are responsible for on the provided report. Completed reports can be emailed to Mrs. Kathryn White at kathryn.white@leonschools.net.

A copy of this SREF Inspection Report will also be forwarded to the Board.

Please Note:

Under SREF Chapter 4, Section 4.4 (2), a separate inspection report has been provided for each portable classroom on your site. State requirements mandate that these individual reports be posted in a visible location within each respective portable.

If you have any questions or require clarification regarding any item in this report, please contact Mr. Richard Taylor at the Code Enforcement Department at (850) 617-1812 or via email at richard.taylor@leonschools.net.

Thank you for your prompt attention and cooperation regarding this matter.

Attachment

Cc: Deana McAllister, Assistant Superintendent

2757 W. Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7100 • Fax (850) 414-5194 • www.leonschools.net
"No person shall on the basis of sex, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law." No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth

“EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS”

Lively Aviation School
SCHOOL/FACILITY/CAMPUS
 3290 Capital Circle Southwest
 Tallahassee, Florida 32310



COMPREHENSIVE SAFETY INSPECTION
FISCAL YEAR: 2024-2025


F.I.S.H. NUMBER
 037-3611-361

| Item # | Building Number | Room Number | M O C | TYPE OF INSPECTION | | | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
|--------------------------------------|-----------------|-------------|-------------|--|--|--|---------------------------------------|-------------------------------|---|---|
| | | | | <input checked="" type="checkbox"/> FIRE | <input checked="" type="checkbox"/> CASUALTY | <input checked="" type="checkbox"/> SANITATION | | | | |
| 1 | 0000 | 000 | C | | | | 7 | Site-Wide | SREF 5(13)(a). | |
| 2 | 0000 | 000 | C | | | | 4 | Site-Wide | SREF 5(13)(a). | |
| 3 | 0001 | 000 | O | | | | 0 | | | |
| 4 | 0001 | 008 | O | | | | 0 | | | |
| 5 | 0001 | 022 | M | | | | 0 | | Sign shop | |
| 6 | 0002 | 000 | C | | | | 4 | | | |
| 7 | 0003 | 108 | C | | | | 4 | | SREF 5(13)(a). | |
| 8 | 0003 | 800 | O | | | | 0 | | | |
| END OF SREF INSPECTION REPORT | | | | | | | | | | |

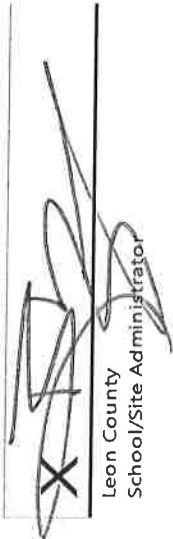
A re-inspection of the identified deficiencies will be performed approximately _____ days subsequent of inspection date. **Re-Inspection Date:** _____

The principal shall hold at least one (1) fire drill during each month, with an additional drill being held within the first 30 days of school.

Reviewed Emergency Generator Report. YES NO Emergency Generator Report up-to-date as of SREF inspection. YES NO

| | | | |
|---|---|--|--|
|  <p>LEON COUNTY SCHOOLS FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025</p> | | <p>Lively Aviation School SCHOOL/ FACILITY/CAMPUS 3290 Capital Circle Southwest Tallahassee, Florida 32310 F.I.S.H. NUMBER 037-3611-361</p> | |
| <p>INSPECTION DATE 03/22/2025</p> | | <p>REMARKS MAINTENANCE ASSIGNMENT</p> | |
| <p>INSPECTOR: Richard Taylor</p> | | <p>RE-INSPECTION CORRECTION DATE 037-3611-361</p> | |
| <p>INSPECTOR SIGNATURE SIGNATURE DATE</p> | | <p>SCHEDULE FOR CORRECTION NO LATER THAN 037-3611-361</p> | |
| <p>TYPE OF INSPECTION</p> | | <p>REMARKS MAINTENANCE ASSIGNMENT</p> | |
| <p><input checked="" type="checkbox"/> FIRE</p> | <p><input checked="" type="checkbox"/> CASUALTY</p> | <p><input checked="" type="checkbox"/> SANITATION</p> | <p>Site-Wide Building-Wide Exterior Campus or Portable</p> |
| <p>Item #</p> | <p>Room Number</p> | <p>M O C</p> | <p>REMARKS MAINTENANCE ASSIGNMENT</p> |

Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies:


 Leon County School/Site Administrator

To: Anthony McQuade, Kim Sims / Stacy Stallworth
Mr. Ryan Peck, Interim Director of Maintenance
Mr. Danny Allbritton, Director of Construction

From: Mr. LaRoderick E. McQueen, Certified Building Official / Divisional Director

Date: 05/30/2025

Subject: SREF Inspection Report – William J Montford III Middle School, 5789 Pimlico Dr, Tallahassee, FL 32309, 5789 Pimlico Dr,

Attached to this memorandum is the State Requirements for Educational Facilities (SREF) Inspection Report for the referenced facility. This report outlines identified deficiencies along with the corresponding corrective actions for the entire site. The “MOC” column within the report designates the responsible party for addressing each item as follows:

- **M (Maintenance):** These deficiencies are to be resolved by the Maintenance Department. Please do **not** submit work orders for items listed under this category. Upon completion of all related work, Code Enforcement staff must sign off to verify completion.
- **O (Operational):** Items in this category are the responsibility of site-based staff. These should be corrected within the allotted timeframe before the follow-up inspection.
- **C (Construction and Capital Outlay):** These deficiencies are to be addressed by the Construction/Facilities Department, or an appropriate corrective action plan should be developed.

Please note: *Any duplicate/completed deficiencies listed on the attached report, please disregard.*

Upon completion or development of a corrective action plan for the noted deficiencies, please submit notification to the Code Enforcement Department. Indicate completion by initialing and dating the line items you are responsible for on the provided report. Completed reports can be emailed to Mrs. Kathryn White at kathryn.white@leonschools.net.

A copy of this SREF Inspection Report will also be forwarded to the Board.

Please Note:

Under SREF Chapter 4, Section 4.4 (2), a separate inspection report has been provided for each portable classroom on your site. State requirements mandate that these individual reports be posted in a visible location within each respective portable.

If you have any questions or require clarification regarding any item in this report, please contact Mr. Richard Taylor at the Code Enforcement Department at (850) 617-1812 or via email at richard.taylor@leonschools.net.

Thank you for your prompt attention and cooperation regarding this matter.

Attachment

Cc: Dr. Benny Bolden, Director of Interdivisional Support Services and Secondary Schools

2757 W. Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7100 • Fax (850) 414-5194 • www.leonschools.net
“No person shall on the basis of sex, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law.” No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth


“EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS”

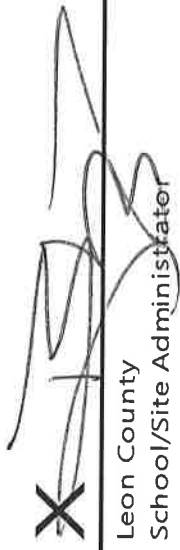
| | | | |
|--|---|--|---|
| 04/20/2025 | LEON COUNTY SCHOOLS FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | Montford Middle School SCHOOL/FACILITY/CAMPUS |
| INSPECTION DATE | | | |
| INSPECTOR SIGNATURE | SIGNATURE DATE | | F.I.S.H. NUMBER |
| INSPECTOR SIGNATURE | SIGNATURE DATE | | 037-1201-120 |
| TYPE OF INSPECTION | | | |
| <input checked="" type="checkbox"/> FIRE | <input checked="" type="checkbox"/> CASUALTY | <input checked="" type="checkbox"/> SANITATION | |

| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
|--------|-----------------|-------------|-------------|--|--|---------------------------------------|-------------------------------|---|---|
| 1 | 0000 | 000 | O | All outside mechanical equipment should have fencing with locks attached. | 3 | | | | |
| 2 | 0000 | 000 | O | All aftermarket furniture must have labels designating materials meet NFPA standards. | 3 | | | | |
| 3 | 0000 | 000 | M | Tree limbs around lights on the pole need to be trimmed. | 1 | | | | Grounds Department |
| 4 | 0000 | 000 | M | Repair/replace wall padding behind both basketball goals are tearing. | 0 | | | | Structural Department |
| 5 | 0001 | 106 | O | Replace water stained and/or broken ceiling tile | 0 | | | | |
| 6 | 0001 | 123 | M | Alarm in trouble mode | 0 | | | | Building Automation |
| 7 | 0002 | 000 | O | Remove storage from large garbage container area and move both containers to their intended place on concrete pad. | 1 | | | | |
| 8 | 0002 | 101D | O | Entrance/ exit blocked | 0 | | | | |
| 9 | 0002 | 101F | O | Replace water stained and/or broken ceiling tile(s). | 0 | | | | SREF 5(2)(e)(8)j |
| 10 | 0002 | 110F | O | Surge protectors must plug into a dedicated wall outlet. No piggybacking. | 0 | | | | |
| 11 | 0002 | 102D | O | Replace water stained and/or broken ceiling tile | 0 | | | | |
| 12 | 0002 | 103 | M | Alarm in trouble mode | 0 | | | | Building Automation |
| 13 | 0002 | 108 | O | Replace water stained and/ or broken ceiling tile | 0 | | | | |

| | | | |
|--|---|--|-------------------------------|
| 04/20/2025 | LEON COUNTY SCHOOLS | | Montford Middle School |
| INSPECTION DATE | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 | | SCHOOL/FACILITY/CAMPUS |
| INSPECTOR: Richard Taylor | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | 5789 Pimlico Drive |
| INSPECTOR SIGNATURE | TYPE OF INSPECTION | | Tallahassee, Florida 32309 |
| <input checked="" type="checkbox"/> FIRE | <input checked="" type="checkbox"/> CASUALTY | <input checked="" type="checkbox"/> SANITATION | F.I.S.H. NUMBER |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 037-1201-120 |

| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site-Wide Building-Wide Exterior Campus or Portable | REMARKS CODE REFERENCE MAINTENANCE ASSIGNMENT |
|--------|-----------------|-------------|-------------|---|--|---------------------------------------|-------------------------------|---|---|
| 14 | 0003 | 000 | O | Remove non-approved furniture that does not have NFPA label or certificate. | 0 | | | | NFPA 101-10.3.2 |
| 15 | 0003 | 106 | M | Alarm in trouble mode | 0 | | | | Building Automation |
| 16 | 0003 | 110 | O | Entrance/ exit blocked | 0 | | | | |
| 17 | 0003 | 111B | M | Exhaust fan in bathroom is inoperable. There is no power to exhaust hood. | 0 | | | | Electrical Department |
| 18 | 0003 | 111B | O | Classroom need general housekeeping. | 0 | | | | |
| 19 | 0003 | 111C | M | Walls outside of 03-111C need repainting. | 0 | | | | Paint Department |
| 20 | 0003 | 112 | O | Combustibles hanging from ceiling | 0 | | | | |
| 21 | 0003 | 113 | O | Replace water stained and/or broken ceiling tile | 0 | | | | |
| 22 | 0003 | 120A | O | Mezzanine access shall remain clear at all times. | 0 | | | | |
| 23 | 0003 | 120A | O | Remove stored items from area. FDC must remain clear at all times. | 0 | | | | |
| 24 | 0004 | 000 | O | Reduce the amount of combustibles in corridor inside classroom doors. | 0 | | | | |
| 25 | 0004 | 116A | O | Storage shall be kept a minimum of 18" from sprinkler heads. | 0 | | | | |
| 26 | 0006 | 105 | O | Alarm in trouble mode | 0 | | | | Building Automation |

| | | |
|--|---|---|
| <p>04/20/2025</p> <p>INSPECTION DATE</p> <p>INSPECTOR: Richard Taylor</p> <p>INSPECTOR SIGNATURE SIGNATURE DATE</p> |  <p>LEON COUNTY SCHOOLS FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303</p> <p>COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025</p> | <p>Montford Middle School</p> <p>SCHOOL/FACILITY/CAMPUS</p> <p>5789 Pimlico Drive</p> <p>Tallahassee, Florida 32309</p> <p>F.I.S.H. NUMBER</p> <p>037-1201-120</p> |
| <p><input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION</p> | <p>M O C</p> | <p>Deficiency Description and Corrective Action Required</p> |
| <p>Item #</p> | <p>Building Number</p> | <p>Room Number</p> |
| <p>The principal shall hold at least one (1) fire drill during each month, with an additional drill being held within the first 30 days of school.</p> | | |
| <p>Reviewed Emergency Generator Report.</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p>Emergency Generator Report up-to-date as of SREF Inspection.</p> |
| <p>Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies:</p> | | |


 Leon County School/Site Administrator