

To: Dr. Pam Hightower, Principal, Apalachee Tapestry Magnet School of Arts
Ms. Brandy Tyler-McIntosh, Assistant Principal, Apalachee Tapestry Magnet School of Arts
Mr. Ryan Peck, Director of Maintenance
Mr. Danny Allbritton, Director of Construction

From: Mr. Tonnie Rollins, Project Manager, Fire & Safety Inspector

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

Date: November 19, 2024

Subject: **SREF Inspection for Apalachee Tapestry Magnet School of the Arts**

Attached to this memorandum is the State Requirements for Educational Facilities (SREF) Inspection Report for the above referenced facility. The report identifies the deficiencies and corrective actions for the entire site. The column labeled **MOC** identifies the entity responsible for correcting each deficiency, as follows:

- **Line items with an M (Maintenance) in the MOC column are to be addressed by the Maintenance Department. Please do not submit work orders for the deficiency line items in the M (Maintenance) column. Upon completion of all work orders, please have Code Enforcement staff sign off to confirm completion.**
- **Line items with an O (Operational) in the MOC column are to be addressed by site based staff. These items need to be corrected within the proposed time allotment, prior to the follow-up inspection.**
- **Line items with a C (Construction and Capital Outlay) in the MOC column are to be addressed by the Construction/Facilities Department or a corrective action plan developed.**

Notification of the completion or corrective action plan of the fore-mentioned deficient items need to be submitted to the Code Enforcement and Compliance Department. Please initial and date the line items under your area of responsibility on the provided report to confirm completion. You may email Ms. Katheryn White at whitek3@leonschools.net or fax the report to (850) 617-1790, to her attention.


Please note a copy of this SREF inspection report will be forwarded to the Board.


Additionally a separate inspection report has been provided for each portable at your site, in accordance with SREF Chapter 4 Section 4.4 (2)


If you have any questions or comments regarding any items noted on this report, please feel free to contact **Mr. Tonnie Rollins at the Code Enforcement and Compliance Department at (850) 617-1800 or email at rollinst2@leonschools.net**. Thank you for your time and cooperation in this matter.


ATTACHMENT


Cc: Ms. Anicia Robinson, Director of Elementary Schools (with attachments)


| 09/23/2024 | | | |  <p>LEON COUNTY SCHOOLS</p> <p>FACILITIES & CONSTRUCTION DEPARTMENT</p> <p>3420 W. THARPE ST., TALLAHASSEE, FL 32303</p> | | <i>Apalachee Tapestry Magnet School of the Arts</i> | | | | | | | |
|--|-----------------|-------------|-------------|---|--|---|-------------------------------|---|---|--|--|--|--|
| INSPECTION DATE | | | | | | SCHOOL/ FACILITY/CAMPUS | | | | | | | |
| INSPECTOR: <i>Tonnie Rollins</i> | | | | | | 850 Trojan Trail | | | | | | | |
| INSPECTOR SIGNATURE SIGNATURE DATE | | | | | | Tallahassee, Florida 32311 | | | | | | | |
| TYPE OF INSPECTION | | | | F.I.S.H. NUMBER | | | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | | | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | | | | 037-0441-044 | | | | |
| 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 | Replace painted ceiling tile(s) through out school. | | | | | SREF 5 (2) (e) (8) j | | | | |
| 2 | 0000 | 000 | M | Damaged ADA and or FISH sign through out school please repair. | | | | | SREF 5 (2) (e) (8)(j) | | | | |
| 3 | 0000 | 516 | M | Unable to access | | | | Campus | | | | | |
| 4 | 0001 | 100 | O | Fire alarm in trouble mode. | | | | | SREF 5(16)(b)(2)(c) | | | | |
| 5 | 0001 | 100A | O | Replace painted ceiling tile(s). | | | | | SREF 5 (2) (e) (8) j | | | | |
| 6 | 0001 | 101B | O | Install ADA/FISH sign. | | | | | SREF 5 (10)(i)(2) and (5) | | | | |
| 7 | 0001 | 101J | O | Damaged ADA and or FISH sign, please repair. | | | | | SREF 5 (2) (e) (8)(j) | | | | |
| 8 | 0001 | 101U | O | Replace damaged ceiling tile(s). | | | | | SREF 5 (2) (e) (8) j | | | | |
| 9 | 0001 | 102 | O | Damaged ADA and or FISH sign, please repair. | | | | | SREF 5 (2) (e) (8) j | | | | |
| 10 | 0001 | 102A | M | Damaged ADA and or FISH sign, please repair. | | | | | SREF 5 (2) (e) (8) j | | | | |
| 11 | 0001 | 102E | O | Damaged ADA and or FISH sign, please repair. | | | | | SREF 5 (2) (e) (8) j | | | | |
| 12 | 0001 | 102F | O | Install ADA/FISH sign. | | | | | SREF 5 (10)(i)(2) and (5) | | | | |


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|---|-----------------|-------------|-------------|--|--|--|-------------------------------|---|--|--|
| INSPECTION DATE | | | | | | SCHOOL/ FACILITY/CAMPUS | | | | |
| INSPECTOR: Tonnie Rollins | | | | | | 850 Trojan Trail | | | | |
| | | | | | | Tallahassee, Florida 32311 | | | | |
| INSPECTOR SIGNATURE | | | | | | F.I.S.H. NUMBER | | | | |
| SIGNATURE DATE | | | | | | 037-0441-044 | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> | | | | 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 | |
| 13 | 0001 | 103 | O | Install ADA/FISH sign. | | | | | SREF 5 (10)(i)(2) and (5) | |
| 14 | 0001 | 106 | O | Replace painted ceiling tile(s). | | | | | SREF 5 (2) (e) (8) j | |
| 15 | 0001 | 107 | O | Remove combustible materials from ceiling. | | | | | NFPA 101-10.3.1 | |
| 16 | 0001 | 107 | O | Combustible materials on wall shall not exceed 40% | | | | | NFPA 101-15.7.4.3 (2) | |
| 17 | 0001 | 108 | O | Replace water stained ceiling tile(s). | | | | | SREF 5 (2) (e) (8) j | |
| 18 | 0001 | 108B | O | Walkway and Doorway obstructed | | | | | | |
| 19 | 0001 | 109 | O | Remove combustible materials from ceiling. | | | | | NFPA 101-10.3.1 | |
| 20 | 0001 | 109 | O | Appliances shall be plugged into the wall outlet. | 0 | | | | | |
| 21 | 0001 | 109 | O | Entrance/ exit obstructed. | 0 | | | | | |
| 22 | 0001 | 109 | O | Extension cord used as permanent power | | | | | | |
| 23 | 0001 | 110 | O | Lights on wall, Combustible materials on wall shall not exceed 40% | 0 | | | | NFPA 101-15.7.4.3 (2) | |


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| INSPECTOR SIGNATURE | | | | F.I.S.H. NUMBER | | | | | | |
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| TYPE OF INSPECTION | | | | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> | | | | 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 | |
| 24 | 0001 | 111 | O | Exposed Wires | 0 | | | | | |
| 25 | 0001 | 113 | O | Combustible materials on wall shall not exceed 40% | 0 | | | | NFPA 101-15.7.4.3 (2) | |
| 26 | 0001 | 114 | O | Remove combustible materials from ceiling | 0 | | | | NFPA 101-10.3.1 | |
| 27 | 0001 | 114 | O | Remove non-approved furniture that does not have NFPA label or certificat | 0 | | | | NFPA 101-10.3.2 | |
| 28 | 0001 | 114 | O | Combustible materials on wall shall not exceed 40% | 0 | | | | NFPA 101-15.7.4.3 (2) | |
| 29 | 0001 | 115 | O | Lights on wall. | 0 | | | | | |
| 30 | 0001 | 115 | O | 6.Light is not operating correctly, please repair light. | 0 | | | | SREF5 (17)(a) | |
| 31 | 0001 | 116 | O | Combustible materials on wall shall not exceed 40% | 0 | | | | NFPA 101-15.7.4.3 (2) | |
| 32 | 0001 | 117 | M | Replace water stained ceiling tile(s). (sprinkler) | 0 | | | | SREF 5 (2) (e) (8) j | |
| 33 | 0001 | 117 | O | Combustible materials on wall shall not exceed 40% | 0 | | | | FPA 101-15.7.4.3 (2) | |
| 34 | 0001 | 117 | O | Exit Obstructed | 0 | | | | | |

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| INSPECTION DATE | | | | | | SCHOOL/ FACILITY/CAMPUS | | | | |
| INSPECTOR: Tonnie Rollins | | | | | | 850 Trojan Trail | | | | |
| INSPECTOR SIGNATURE SIGNATURE DATE | | | | | | Tallahassee, Florida 32311 | | | | |
| TYPE OF INSPECTION | | | | | | F.I.S.H. NUMBER | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | | | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | 037-0441-044 | | | | |
| 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 | |
| 35 | 0001 | 118 | O | Combustible materials on wall shall not exceed 40% | 0 | | | | FPA 101-15.7.4.3 (2) | |
| 36 | 0001 | 118 | O | Exit Obstructed | 0 | | | | | |
| 37 | 0001 | 119 | O | Remove non-approved furniture that does not have NFPA label or certification | 0 | | | | NFPA 101-10.3.2 | |
| 38 | 0001 | 120 | O | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) | |
| 39 | 0001 | 125 | O | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) | |
| 40 | 0001 | 126 | O | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) | |
| 41 | 0001 | 126 | O | Light is not operating in storage room correctly, please repair light. | | | | | SREF5 (17)(a) | |
| 42 | 0001 | 126 | O | Install ADA/FISH sign on storage room. | | | | | SREF 5 (10)(i)(2) and (5) | |
| 43 | 0001 | 127 | O | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) | |
| 44 | 0001 | 127 | O | Remove combustible materials from ceiling. | | | | | NFPA 101-10.3.1 | |
| 45 | 0001 | 131 | O | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) | |

| 09/23/2024 | | | |  | | <i>Apalachee Tapestry Magnet School of the Arts</i> | | | |
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| INSPECTOR: Tonnie Rollins | | | | | | 850 Trojan Trail | | | |
| INSPECTOR SIGNATURE SIGNATURE DATE | | | | | | Tallahassee, Florida 32311 | | | |
| TYPE OF INSPECTION | | | | COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2024-2025 | | F.I.S.H. NUMBER | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SALVATION | | | | | | 037-0441-044 | | | |
| 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 |
| 46 | 0001 | 131 | 0 | Appliances shall be plugged into the wall outlet. | | | | | |
| 47 | 0001 | 131 | 0 | Exit Obstructed | | | | | |
| 48 | 0001 | 133 | 0 | Remove combustible materials from ceiling. | | | | | NFPA 101-10.3.1 |
| 49 | 0001 | 133 | 0 | Lights on Wall | | | | | |
| 50 | 0001 | 133 | 0 | Combustible materials on wall shall not exceed 40% | | | | | FPA 101-15.7.4.3 (2) |
| 51 | 0001 | 134 | 0 | Storage closet need general housekeeping | | | | | |
| 52 | 0001 | 134 | 0 | Doorway obstructed. | | | | | |
| 52 | 0001 | 135 | O | Combustible materials on wall shall not exceed 40% | | | | | SREF5 (17)(a) |
| 53 | 0001 | 138 | O | Combustible materials on wall shall not exceed 40% | | | | | SREF5 (17)(a) |
| 54 | 0001 | 139 | 0 | Remove combustible materials from ceiling. | | | | | NFPA 101-10.3.1 |
| 55 | 0001 | 139 | O | Combustible materials on wall shall not exceed 40% | | | | | SREF5 (17)(a) |

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| TYPE OF INSPECTION | | | | F.I.S.H. NUMBER | | | | | | | |
| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | | | 037-0441-044 | | | | | | | |
| 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 | | |
| 56 | 0001 | 139 | O | Exit Obstructed | | | | | SREF 5 (2) (e) (8) j | | |
| 57 | 0001 | 141 | O | Combustible materials on wall shall not exceed 40% | | | | | NFPA 101-15.7.4.3 (2) | | |
| 58 | 0001 | 141 | O | Remove combustible materials from ceiling | | | | | NFPA 101-10.3.1 | | |
| 59 | 0001 | 141 | O | Door hardware is not operating properly | | | | | SREF 5 (2)(e)(8)(j) | | |
| 60 | 0001 | 800B | O | Replace painted ceiling tile(s). | | | | | SREF 5 (2) (e) (8) j | | |
| 61 | 0002 | 201 | O | Curtains shall have label or certificate verifying flame retardant meeting | | | | | NFPA 701. NFPA 101-10.3.1 | | |
| 62 | 0002 | 201A | M | Light is not operating correctly, please repair light | | | | | SREF5 (17)(a) | | |
| 63 | 0002 | 201A | M | Light is not operating correctly, please repair light | | | | | SREF5 (17)(a) | | |
| 64 | 0002 | 201A | O | Walkway obstructed | | | | | | | |
| 65 | 0002 | 201D | O | Doorway and Walkway obstructed | | | | | | | |
| 66 | 0003 | 301 | O | Exit Blocked | 0 | | | | | | |

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| <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> | | | | COMPREHENSIVE SAFETY INSPECTION | | | | | |
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| 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 |
| 67 | 0003 | 303 | O | Remove combustible materials from ceiling. | 0 | | | | NFPA 101-10.3.1 |
| 68 | 0003 | 303 | O | Combustible materials on wall shall not exceed 20% | 3 | | | | NFPA 101-15.7.4.3 (1) |
| 69 | 0004 | 401 | O | Doorway and Walkway obstructed | 0 | | | | |
| 70 | 0006 | 004 | O | Walkway obstructed | 0 | | | | |
| 71 | 0006 | 005 | O | Exit from stage obstructed | 0 | | | | |
| 72 | 0006 | 007 | O | Fire extinguisher handle broken. | 0 | | | | |
| 73 | 0006 | 016 | O | Storage in electrical room is prohibited. | 0 | | | | SREF 5(17)(b)(2) c and (2)(8)(E)(i) |
| 74 | 0006 | 019 | O | Broken or missing receptacle cover plate- Outside | 0 | | | | SREF 5(2)(e)(8)(j), NFPA 70 406.8 |
| 75 | 0007 | 001 | O | Remove combustible materials from ceiling | 0 | | | | NFPA 101-10.3.1 |
| 76 | 0007 | 001 | M | Combustible materials on wall shall not exceed 20% | 0 | | | | NFPA 101-15.7.4.3 (1) |
| 77 | 0007 | 001A | O | Combustible materials on wall shall not exceed 20% | 0 | | | | NFPA 101-15.7.4.3 (1) |

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| Item # | Building Number | Room Number | MOC | <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 | | |
| 78 | 0007 | 001A | O | Curtains shall have label or certificate verifying flame retardant meeting NFPA 701 next to room 07-000A | 0 | | | | NFPA 101-10.3.1. | | |
| 79 | 0007 | 002 | O | Curtains shall have label or certificate verifying flame retardant meeting NFPA 701. | 0 | | | | NFPA 101-10.3.1. | | |
| 80 | 0007 | 102 | O | Combustible materials on wall shall not exceed 20% | 0 | | | | NFPA 101-15.7.4.3 (1) | | |
| END OF SREF INSPECTION REPORT | | | | | | | | | | | |
| A re-inspection of the identified deficiencies will be preformed 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. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |
| Reviewed Emergency Generator Report: <input type="checkbox"/> YES <input type="checkbox"/> NO Emergency Generator Report up-to-date as of SREF Inspection: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |
| Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies: | | | | | | | | | | | |

X

Pam Lightner

Leon County
School/Site Administrator