

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

Approval: \_\_\_\_\_



**PURPOSE:**

ROUTINE     REINSPECTION  
 CONSTRUCT.     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QA SURVEY     EPIDEMIOLOGY  
 OTHER     PREOPENING

**TYPE:**

PRIVATE     COLLEGE/UNIV  
 PUBLIC     OTHER  
 CHARTER  
 VOCATIONAL

CENSUS	FEMALES	MALES
173	88	85

**RESULTS:**

- Satisfactory  
 Incomplete  
 Citation Issued  
 Stop Use Order  
 Unsatisfactory  
 OUT OF BUSINESS

**Correct Violations by**

- Next Inspection  
 8:00 AM on

**NAME** Passport School

**ADDRESS** 5221 Curry Ford Rd    **CITY** Orlando

**OWNER** Passport School    **ZIP** 32812

**PERSON IN CHARGE** Dr. Osvaldo Garcia    **PHONE** 407-658-9900

**E-MAIL** ogarcia@passportcharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
1415	1445	09/17/2009	85064	48-51-05471

RE-INSPECTION DATE

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance: for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

**SCHOOL SANITATION**

1. School Site  
 2. Playground Equipment  
 3. Athletic Equipment

8. Natural Ventilation     15. Handwash Facilities  
 9. Mechanical Ventilation     16. Showers/Fixtures  
**SANITARY FACILITIES**     17. Shower Water Temp.

**LIQUID/SOLID WASTE**

21. Sewage Disposal  
 22. Solid Waste

**SAFETY**

26. First Aid Kit

**BUILDINGS**

4. Construction  
 5. Maintenance & Repair  
 6. Lighting/Foot-Candles  
 7. Heating, Ventilation, A/C

10. Provided/Accessible    **WATER SUPPLY**  
 11. Cleanliness & Repair     18. Installed/Operated/  
 12. Toilet Facilities    *Maintained*  
 13. Separation of Sexes     19. Drinking Fountains  
 14. Fixture Ratio     20. Approved Source

**VECTOR/VERMIN CONTROL**

23. Infestation/Control  
 24. Brush/Trash  
 25. Water Collection/Drainage

**FOOD**

27. Food Insp. Rpt.

**OTHER**

28.  
 29.

**COMMENTS AND INSTRUCTIONS**

**Violation:**(5) Broken tiles on room #228-->> Repair

(5) Bare wood on cabinets, due to chipped formica-->>> correct

(5) Replace torn out base cover

INSPECTION CONDUCTED BY: Keila Flores-Burgos    PHONE: 407-445-7476

INSPECTION COND SIGNATURE: *Keila Flores-Burgos*    PHONE: 407-697-6238

COPY OF REPORT RECEIVED BY: *Osvaldo Garcia, Esq.*    DATE: 09/17/2009

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