

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



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
170	58	112

NAME Fort Myers Preparatory and Fitness Academy

ADDRESS 10676 Colonial Boulevard, Unit 50 **CITY** Fort Myers

OWNER Fort Myers Preparatory & Fitness Academy **ZIP** 33913

PERSON IN CHARGE Rob Shively **PHONE** (239) 333-0766

E-MAIL rshively@performanceacademies.

RESULTS:
 Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by
 Next Inspection
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
15:45	15:57	11/09/2010	54489	36-51-1276649

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.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	FOOD
BUILDINGS	<input type="checkbox"/> 10. Provided/Accessible	WATER SUPPLY	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28.
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29.
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

COMMENTS AND INSTRUCTIONS

Approved to open.

INSPECTION CONDUCTED BY: Mike Kish **PHONE:** 239-690-2140

INSPECTION COND SIGNATURE: [Signature] **PHONE:** 239-690-2100

COPY OF REPORT RECEIVED BY: [Signature] **DATE:** 11/09/2010