

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 29-51-03675  
Name of Facility: New Springs Schools  
Address: 2410 E Busch Boulevard  
City, Zip: Tampa 33612

**Correct By: None**  
**Re-Inspection Date: None**

Type: Charter School  
Owner: New Spring Inc  
Person In Charge: Akbaba, Emre Phone: (813) 931-9543

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/16/2016

Begin Time: 09:40 AM  
End Time: 10:20 AM

**Additional Information**

FEMALES ..... 203  
MALES ..... 242

CENSUS ..... 445

*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.*

**Violation Markings**

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

**General Comments**

NO OBSERVED VIOLATIONS AT TIME OF INSPECTION

Email Address(es): tekin@newspringsschools.org;

Inspector Signature:

Client Signature:

EMAILED

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**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Dominic Simone (28148)  
Inspector Contact Number: Work: (813) 307-8059 ex.  
Print Client Name: Emailed  
Date: 9/22/2016

Inspector Signature:

Handwritten signature of Dominic Simone.

Client Signature:

EMAILED