

BIOMEDICAL WASTE

Userid: VilmenayLK

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT BIOMEDICAL WASTE GENERATOR/ TRANSPORTER/STORAGE/TREATMENT INSPECTION REPORT

Geocoded 25.795434/-80.203685



PURPOSE:

- ROUTINE REINSPECTION TYPE: Other
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY EPIDEMIOLOGY
- OTHER

RESULTS:

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS
- Correct Violations by
- Next Inspection
- 8:00 AM on
- Letter of Compliance by:

NAME Dunbar Elementary

ADDRESS 505 NW 20 Street CITY Miami

OWNER Miami Dade County Public School ZIP 33136

Person in Charge Web, Mike PHONE (305) 358-3501

E-MAIL pfriedheimkerzer@um-jmh.org; annlewis@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:50	13:20	08/22/2014	32763	13-64-01334

RE-INSPECTION DATE

Items marked below are not in compliance with the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Permit/Exemption/Registration | <input type="checkbox"/> 5. Segregation | <input type="checkbox"/> 9. Labeling |
| <input type="checkbox"/> 2. Written Plan | <input type="checkbox"/> 6. Containers | <input type="checkbox"/> 10. Transfer/Transport |
| <input type="checkbox"/> 3. Training | <input type="checkbox"/> 7. Storage | <input type="checkbox"/> 11. Treatment Method: _____ |
| <input type="checkbox"/> 4. Records | <input type="checkbox"/> 8. Transport Vehicle(s) | <input type="checkbox"/> 12. Other _____ |

COMMENTS AND INSTRUCTIONS

Satisfactory Inspection

INSPECTION CONDUCTED BY: Larissa Vilmenay PHONE: 305-623-3500

INSPECTION COND SIGNATURE: *Larissa Vilmenay* PHONE 2: _____

COPY OF REPORT RECEIVED BY: *X. N. P. P. P.* DATE: 8/22/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Biomedical Waste Generator



Name: Dunbar Elementary

Date: 08/22/2014

Identification No: 13-64-01334

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Larissa Vilmenay

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