

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



PURPOSE:

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

NAME: West Hialeah Garden Elementary
 ADDRESS: 11990 NW 92 Ave CITY: Hialeah
 PHONE: 305-623-5658 EXT: 4000 ZIP: 33018
 OWNER/CONTACT PERSON: Robert Yedlin

RESULTS

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

BEGIN	END
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE
<input type="checkbox"/> 09/30/09
<input type="checkbox"/> 10/05
<input type="checkbox"/> 10/06
<input type="checkbox"/> 10/07
<input type="checkbox"/> 10/08
<input type="checkbox"/> 10/09
<input type="checkbox"/> 10/10
<input type="checkbox"/> 10/11
<input type="checkbox"/> 10/12
<input type="checkbox"/> 10/13
<input type="checkbox"/> 10/14

POSITION #
<input type="checkbox"/> S1004
<input type="checkbox"/> 1001
<input type="checkbox"/> 1002
<input type="checkbox"/> 1003
<input type="checkbox"/> 1004
<input type="checkbox"/> 1005
<input type="checkbox"/> 1006
<input type="checkbox"/> 1007
<input type="checkbox"/> 1008
<input type="checkbox"/> 1009
<input type="checkbox"/> 1010

ID NUMBER
<input type="checkbox"/> 13-64-11288
<input type="checkbox"/> 0000
<input type="checkbox"/> 0001
<input type="checkbox"/> 0002
<input type="checkbox"/> 0003
<input type="checkbox"/> 0004
<input type="checkbox"/> 0005
<input type="checkbox"/> 0006
<input type="checkbox"/> 0007
<input type="checkbox"/> 0008
<input type="checkbox"/> 0009

TYPE
<input checked="" type="checkbox"/> Generate
<input type="checkbox"/> Transport
<input type="checkbox"/> Store
<input type="checkbox"/> Treat
<input type="checkbox"/> Other

DATE
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

OUT OF BUSINESS

- Hospital Nursing Home Medical Doctor Osteopath Clinical Laboratory Abortion Clinic
- Funeral Home Veterinarian Dentist Home Health SurgiCenter/Walk-in Other school
- Dialysis Clinic Tattoo/Body Pierce Podiatrist State Laboratory/ Clinic Blood Bank

Items marked below indicate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381 and 389 of the Florida Statutes. Penalties may be assessed as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Biomedical waste Needs to be picked up</u>

INSPECTION CONDUCTED BY: Christy Lynn Chubb PHONE: 305-623-3520
 COPY OF REPORT RECEIVED BY: R Yedlin DATE: 9/30/09
 PHONE: 305-623-3590