

# BIOMEDICAL WASTE

Userid: samperoa

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

Geocoded 25.590169/-80.389627



### 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 South Miami Heights Elementary School  
ADDRESS 12231 SW 190 Terrace CITY Miami  
OWNER Miami Dade County Public School ZIP 33177  
Person in Charge Suzet Hernandez PHONE (305) 358-3501  
E-MAIL suzethernandez@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
14:45	15:15	09/11/2014	67699	13-64-04486

RE-INSPECTION DATE
10/10/2014

*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 checked="" type="checkbox"/> 2. Written Plan       | <input type="checkbox"/> 6. Containers           | <input type="checkbox"/> 10. Transfer/Transport      |
| <input checked="" type="checkbox"/> 3. Training           | <input type="checkbox"/> 7. Storage              | <input type="checkbox"/> 11. Treatment Method: _____ |
| <input checked="" type="checkbox"/> 4. Records            | <input type="checkbox"/> 8. Transport Vehicle(s) | <input type="checkbox"/> 12. Other _____             |

### COMMENTS AND INSTRUCTIONS

**Violation #2** Update the written operating biomedical waste plan in accordance with Chapter 64E-16 F.A.C.  
**Code Reference** FAC: Written Plan. 64E-16.003(2) Each permitted/registered biomedical waste facility shall implement a plan to manage biomedical waste. The plan must be in writing and available for review by the department and employees. It must include a description of training for personnel, procedures for segregating, labeling, packaging, storing, transporting, treating, and, decontaminating biomedical waste spills, and contingency plans for emergencies.

**Violation #3** Conduct and document a biomedical waste annual refresher training for the personnel who handles biomedical waste, in accordance with Chapter 64E-16, F.A.C.  
**Code Reference** FAC: Training: Initial and Annual. 64E-16.003(2) All new personnel whose duties include the handling of biomedical waste shall be trained before their duties commence. An annual refresher session must be held for all affected employees. Training must detail compliance with 64E-16, F.A.C., the facility's operating plan, and shall be maintained as part of the operating plan.

**Violation #4** Provide the last six pick up receipts of the biomedical waste transporter.  
**Code Reference** FAC: Record Keeping. 64E-16.003(2)(b) All biomedical waste management records must be maintained for three years and available for review by the department. Generator records include transporter receipts and any other documentation provided by their transporter, purchase and return receipts for mail-in-sharps containers, purchase receipts for approved alternative treatment methods, sterilization or treatment logs, and training records.

Fax the "Letter of Compliance" and the required documents to (305) 623-3520 or e-mail to Osvaldo.Samper@FLHealth.gov

INSPECTION CONDUCTED BY: Osvaldo Samper PHONE: (305) 623-3500  
INSPECTION COND SIGNATURE: FAX #: \_\_\_\_\_  
COPY OF REPORT RECEIVED BY: DATE: 9/11/2014

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



Name: South Miami Heights Elementary School

Date: 09/11/2014

Identification No: 13-64-04486

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Osvaldo Samper

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