

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-64-03566
Name of Facility: Palm Springs North Elementary
Address: 17615 NW 82 Avenue
City, Zip: Miami 33015

Correct By: None
Re-Inspection Date: None

Type: Other
Owner: Miami-Dade County Public Schools
Person In Charge: Dr. Christina Ravello Phone: (305) 358-3501
PIC Email:

Inspection Information

Purpose: Routine
Inspection Date: 3/29/2023

Begin Time: 12:55 PM
End Time: 01:35 PM

Additional Information

No Additional Information Available

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.

Violation Markings

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

General Comments

Safe Waste of Florida, LLC - on call - No violations at time of inspection.

Email Address(es): GMohr@dadeschools.net;
egonzalez44@dadeschools.net

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

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2 of 2

Inspection Conducted By: Jose Fernandez (31325)
Inspector Contact Number: Work: (305) 623-3508 ex.
Print Client Name: Dr. Christina Ravello
Date: 3/29/2023

Inspector Signature:

Handwritten signature of Jose Fernandez.

Client Signature:

Handwritten signature of Dr. Christina Ravello.