

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: 13-64-04622
Name of Facility: Sunset Park Elementary
Address: 10235 SW 84 Street
City, Zip: Miami 33173

Type: Other
Owner: Miami-Dade County Public Schools
Person In Charge: Dulyyn Geraldo Phone: 3052793222
PIC Email: dulyynp@dadeschools.net

Correct By: None
Re-Inspection Date: None

Inspection Information

Purpose: Routine
Inspection Date: 3/7/2022

Begin Time: 10:30 AM
End Time: 10:55 AM

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

Safewaste/as needed
Received updated biomedical waste training via email upon request.

Email Address(es): dulyynp@dadeschools.net

Violations Comments

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4085 01/05

13-64-04622 Sunset Park Elementary