

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: 13-64-02461  
Name of Facility: Kendale Lakes Elementary  
Address: 8000 SW 142 Avenue  
City, Zip: Miami 33183

**Correct By: None**  
**Re-Inspection Date: None**

Type: Other  
Owner: MIAMI DADE COUNTY PUBLIC SCHOOLS  
Person In Charge: Martha Jaureguizar Phone: (305) 385-2575

**Inspection Information**

Purpose: Reinspection  
Inspection Date: 6/7/2018

Begin Time: 08:00 AM  
End Time: 08:15 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**

As per your e-mail (letter of compliance) sent on 5/23/2018 and the attached documents the violations noted on the previous inspection were corrected.

The re-inspection is satisfactory.

Email Address(es): mjaureguizar@dadeschools.net;  
ncabreran@dadeschools.net

**Violations Comments**

No Violation Comments Available

Inspector Signature:

Client Signature:

e-mailed to Martha Jaureguizar

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Inspection Conducted By: Osvaldo Samper (67699)  
Inspector Contact Number: Work: (305) 623-3500  
Print Client Name: Martha Jaureguizar  
Date: 6/7/2018

Inspector Signature:

A handwritten signature in blue ink, appearing to be "Osvaldo Samper".

Client Signature:

e-mailed to Martha Jaureguizar