

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: 13-64-11188  
Name of Facility: South Dade Middle School  
Address: 29100 SW 194 Avenue  
City, Zip: Homestead 33030

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

Type: Other  
Owner: Miami-Dade County Public Schools  
Person In Charge: Elizabeth Medina Phone: (305) 246-5934  
PIC Email:

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/23/2019

Begin Time: 11:20 AM  
End Time: 11:55 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 of Florida LLC/ monthly

At the time of inspection, there were no violations observed.

Email Address(es): ileana.hernandez@dadeschools.net

**Violations Comments**

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client, Elizabeth Medina.

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Inspection Conducted By: Ladonna Boasiako (913930)  
Inspector Contact Number: Work: (305) 623-3568 ex.  
Print Client Name: Elizabeth Medina  
Date: 9/23/2019

Inspector Signature:

Handwritten signature of Ladonna Boasiako.

Client Signature:

Handwritten signature of Elizabeth Medina.