

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC/ PRIVATE SCHOOL  
INSPECTION REPORT**



**PURPOSE:**

- ROUTINE       REINSPECTION
  - CONSTRUCT.       CHANGE OF OWNER
  - COMPLAINT       CONSULTATION
  - QA SURVEY       EPIDEMIOLOGY
  - PREOPENING       OTHER

### TYPE:

- Private School
  - Public School
  - Charter School
  - Vocational School
  - College/University
  - Other

NAME OF SCHOOL Air Base Elementary School  
ADDRESS 12829 SW 272 Street CITY Homestead  
OWNER MDCPS ZIP 33032  
PERSON IN CHARGE Raul Colzadilla PHONE 605-258-7660

CENSUS

## RESULTS

- Satisfactory
  - Incomplete
  - Unsatisfactory

Correct Violations by

  - Next Inspection
  - 8:00 AM on:

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1130AM	1215PM	030911	27429	13-51-07635
11:30	12:00			
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11:45	11:50PM			
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11:55	12:00AM			

RESULTS		
<input checked="" type="checkbox"/>	Satisfactory	
<input type="checkbox"/>	Incomplete	
<input type="checkbox"/>	Unsatisfactory	
Correct Violations by		
<input type="checkbox"/>	Next Inspection	
<input type="checkbox"/>	8:00 AM on:	
DATE		
3-10-01	8:00 AM	05
3-11-01	8:00 AM	06
3-12-01	8:00 AM	07
3-13-01	8:00 AM	08
3-14-01	8:00 AM	09
3-15-01	8:00 AM	10
3-16-01	8:00 AM	11
3-17-01	8:00 AM	12
3-18-01	8:00 AM	13
3-19-01	8:00 AM	14
<input type="checkbox"/> OUT OF BUSINESS		

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

## SCHOOL SANITATION

- 1. School Site
  - 2. Playground Equipment
  - 3. Athletic Equipment
  
**BUILDINGS**  - 4. Construction
  - 5. Maintenance & Repair
  - 6. Lighting/Foot-Candles
  - 7. Heating, Ventilation, A/C
  
**SANITARY FACILITIES**  - 8. Natural Ventilation
  - 9. Mechanical Ventilation
  - 10. Provided/Accessible
  - 11. Cleanliness & Repan
  - 12. Toilets Facilities
  - 13. Separation of Sexes
  - 14. Fixture Ratio

#### **SANITARY FACILITIES**

- 15. Handwash Facilities
  - 16. Showers/Fixtures
  - 17. Shower Water Temp

**WATER SUPPLY**

  - 18. Insulated/Operated  
Maintained
  - 19. Drinking Fountains
  - 20. Approved Source

## **LIQUID/SOLID WASTE**

- SAFETY**
    - 26. First Aid Kit
  - FOOD**
    - 27. Food Disp., Rp.
  - OTHER**
    - 28. \_\_\_\_\_
    - 29. \_\_\_\_\_

**ITEM  
NUMBERS**

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

All violations from the previous inspection, 2/09/11, were corrected.

**HEALTH DEPARTMENT INSPECTOR**

*COPY OF REPORT RECEIVED BY*

OH 4030, 01/95 (Obsoletes Previous Editions)