

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



PURPOSE:

- 1. INITIAL
- 2. REINSPECTION
- 3. CONSTRUCT
- 4. CHANGE OF OWNER
- 5. COMPLAINT
- 6. CONSULTATION
- 7. SURVEY
- 8. EPIDEMIOLOGY
- 9. POSSESSING
- 10. OTHER

TYPE:

- 11. Private School
- 12. Public School
- 13. Charter School
- 14. Vocational School
- 15. College/University
- 16. Other

NAME OF SCHOOL Southside Elem. School
 ADDRESS 45 S.W. 13th St. CITY Miami
 OWNER MDCPS ZIP 33130
 PERSON IN CHARGE Salvatore Schiavone PHONE 31371-3311

CENSUS

785
1000
2000
3000
4000
5000
6000
7000
8000
9000
10000

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:30am	11:00am	09/09/16	27431	13-51-08320
11:00	11:30	05	01	01
11:30	12:00	06	02	02
12:00	12:30	07	03	03
12:30	1:00	08	04	04
1:00	1:30	09	05	05
1:30	2:00	10	06	06
2:00	2:30	11	07	07
2:30	3:00	12	08	08
3:00	3:30	13	09	09
3:30	4:00	14	10	10
4:00	4:30			
4:30	5:00			
5:00	5:30			
5:30	6:00			
6:00	6:30			
6:30	7:00			
7:00	7:30			
7:30	8:00			
8:00	8:30			
8:30	9:00			
9:00	9:30			
9:30	10:00			
10:00	10:30			
10:30	11:00			
11:00	11:30			
11:30	12:00			
12:00	12:30			
12:30	1:00			

FEMALES

382

MALES

403

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.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Ground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> FOOD
<input type="checkbox"/> 3. Airborne Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 10. Provided-Accessible	WATER SUPPLY	<input type="checkbox"/> 23. Infestation Control	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated Maintained	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting-Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source		
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	At time of investigation I did not observe any roaches in the entire school. Effective measures were taken by Top pest management on 6/13/16.

INSPECTION REPORT INSPECTOR: Manuel Alvarez Jr. PHONE: 623-3500
 COUNTY OF REPORT RECEIVED BY: Salvatore Schiavone DATE: 9/9/16

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

TYPE:

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



PURPOSE:

- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER

NAME OF SCHOOL Southside Elem. School
 ADDRESS 45 SW. 13th St CITY Miami
 OWNER MDCPS ZIP 33130
 PERSON IN CHARGE Salvatore Schiavone PHONE 3/371-3311

CENSUS

785

1000

2000

3000

100 100 100

200 200 200

300 300 300

400 400 400

500 500 500

600 600 600

700 700 700

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900 900 900

1000 1000 1000

1100 1100 1100

1200 1200 1200

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3200 3200 3200

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5300 5300 5300

5400 5400 5400

5500 5500 5500

5600 5600 5600

5700 5700 5700

5800 5800 5800

5900 5900 5900

6000 6000 6000

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory
 - Correct Violations by
 - Next Inspection
 - 8:00 AM on:
- | DATE | |
|------|----|
| 0 | 05 |
| 1 | 06 |
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| 7 | 12 |
| 8 | 13 |
| 9 | 14 |
- OUT OF BUSINESS

BEGIN	END
9:05am	10:35am
10:00	11:00
12:05 PM	2:05 PM
2:10 PM	3:10 PM
3:15	4:15
5:20	6:20
7:25	8:25
9:30	10:30
11:35	12:35
1:40	2:40
3:45	4:45
5:50	6:50
7:55	8:55
10:00	11:00
12:05	1:05

DATE
090916
05
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POSITION #
27431
05
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13
14

PERMIT NUMBER
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SCHOOL SANITATION

- 1. School Site
- 2. Ground Equipment
- 3. Waste Equipment
- 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 & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

LIQUID/SOLID WASTE

- 15. Handwash Facilities
- 16. Showers, Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

VECTOR/VERMIN CONTROL

- 21. Sewage Disposal
- 22. Solid Waste
- 23. Infestation Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit

FOOD

- 27. Food Insp. Rpt.

OTHER

- 28. _____
- 29. _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS

(continue on attached sheet)

Satisfactory at time of reinspection.

HEALTH DEPARTMENT INSPECTOR:

Manuel Alejandro Jr.

Manuel

PHONE:

623-3

COPIES OF REPORT RECEIVED BY:

Salvatore Schiavone

SAVATORE SCHIAVONE

9/9/16