

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: 13-64-2189396
Name of Facility: Andrea Castillo Prep Academy
Address: 10201 NW 78 Street
City, Zip: Miami 33178

Correct By: Next Inspection
Re-Inspection Date: None

Type: Other
Owner: Miami-Dade County Public Schools
Person In Charge: Adolfo Costa Principal Phone: (305) 995-1000
PIC Email:

Inspection Information

Purpose: Routine
Inspection Date: 12/6/2024

Begin Time: 11:20 AM
End Time: 11:50 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 | <input checked="" type="checkbox"/> 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 - On call -

Email Address(es): acosta@dadeschools.net

Violations Comments

Violation #9. Labeling
At time of inspection observed biomedical waste sharps container was not labeled with the generator's name and address. Corrected on site by labeling. Packages containing biomedical waste must be labeled at the generating facility with the generator's name and address unless treatment occurs at the generating facility.
CODE REFERENCE: Labeling. 64E-16.005(1) Packages containing biomedical waste must be labeled at the generating facility with the generator's name and address unless treatment occurs at the generating facility. 64E-16.005(1)(b) Packages transported from the generating facility must be identified with the transporter's name, address, registration number and 24 hour phone number.

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

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Inspection Conducted By: Jose Fernandez (31325)
Inspector Contact Number: Work: (305) 623-3508 ex.
Print Client Name: Aldofo Costa
Date: 12/6/2024

Inspector Signature:

A handwritten signature in black ink, appearing to be "Jose Fernandez".

Client Signature:

A handwritten signature in black ink, appearing to be "Andrea Castillo".