

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
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 Fulford Elem
 ADDRESS 16140 NE 18 Ave CITY Miami
 OWNER DUPS ZIP 33162
 PERSON IN CHARGE DR. Jean Gordon PHONE (305) 949 3425

CENSUS

562

1000
2000
3000

100 100
200 200
300 300
400 400
500 500
600 600
700 700
800 800
900 900

FEMALES

300

MALES

262

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

DATE	
11/18/16	
0 05	
0 06	
0 07	
0 08	
0 09	
0 10	
0 11	
0 12	
0 13	
0 14	

POSITION #
97952
0 00
1 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09

PERMIT NUMBER
13-51-08260
0 00
1 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09

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	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 22. Solid Waste	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		
<input type="checkbox"/> 8. Natural Ventilation		
<input type="checkbox"/> 9. Mechanical Ventilation		
SANITARY FACILITIES	VECTOR/VERMIN CONTROL	
<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 23. Infestation/Control	
<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 24. Brush/Trash	
<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 25. Water Collection/Drainage	
<input type="checkbox"/> 13. Separation of Sexes		
<input type="checkbox"/> 14. Fixture Ratio		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
12	Replace broken toilet seat in boys bathroom 1 st Floor
18	Replace damaged toilet seat in girls bathroom 1 st Floor
9	Restore ventilation in bathrooms 2 nd Floor and throughout facility

HEALTH DEPARTMENT INSPECTOR: Elena Randle Thompson PHONE: (305) 623-3500

COPY OF REPORT RECEIVED BY: DR. Jean Gordon DATE: 11/18/16

DH 4030, 01/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY