

**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  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000

**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

BEGIN	END
1:30 PM	3:00 PM
1:00	1:05
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	
1	16
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

POSITION #				
97452				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

PERMIT NUMBER					
13-51-08260					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

FEMALES  
300  
 MALES  
262

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.*

<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. Playground Equipment	<input checked="" type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<b>SANITARY FACILITIES</b>	<input type="checkbox"/> 17. Shower Water Temp.	<b>VECTOR/VERMIN CONTROL</b>	<input type="checkbox"/> 27. Food Insp. Rpt.
<b>BUILDINGS</b>	<input type="checkbox"/> 10. Provided/Accessible	<b>WATER SUPPLY</b>	<input type="checkbox"/> 23. Infestation/Control	<b>OTHER</b>
<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 checked="" 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)
12	Replace broken toilet seat in boys bathroom 1 <sup>st</sup> Floor
18	Replace damaged toilet seat in girls bathroom 1 <sup>st</sup> Floor
9	Restore ventilation in bathrooms 2 <sup>nd</sup> 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