

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: 13-64-06450  
Name of Facility: Bel-Aire Elementary  
Address: 10205 SW 194 Street  
City, Zip: Miami 33157

**Correct By: None**  
**Re-Inspection Date: None**

Type: Other  
Owner: Miami-Dade County Public Schools  
Person In Charge: Yolanda Oliu Phone: (305) 233 - 5401  
PIC Email:

**Inspection Information**

Purpose: Other - LOC  
Inspection Date: 12/15/2022

Begin Time: 09:45 AM  
End Time: 10:00 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          | 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**

Safe Waste of Florida/As Needed.

Client provided LOC on 12/12/22. Report was completed on 12/15/22.

No further violations were observed.

Email Address(es): GMohr@dadeschools.net;  
pr0261@dadeschools.net;  
mmaza1@dadeschools.net

**Violations Comments**

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client, which appears to be "N/A".

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Inspection Conducted By: Daniel Nunez (54927)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: Yolanda Oliu  
Date: 12/15/2022

Inspector Signature:

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

Client Signature:

A handwritten signature in black ink, appearing to be "N/A".