

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT  
INSPECTION REPORT**



**PURPOSE:**

- ROUTINE       REINSPECTION
- CONSTRUCT     CHANGE OF OWNER
- COMPLAINT     CONSULTATION
- QA SURVEY     EPIDEMIOLOGY
- OTHER

**NAME** SCHOOL FOR ADVANCED STUDIES

**ADDRESS** 25 NE 2 STREET #5-FL **CITY** MIAMI

**PHONE** (305) 237-7270 **ZIP** 33132

**OWNER/CONTACT PERSON** Joniann Fairclough

**RESULTS**

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

Letter of Compliance by:

DATE	
06/06/11	06
06/07/11	06
06/08/11	07
06/09/11	08
06/10/11	09
06/11/11	10
06/12/11	11
06/13/11	12
06/14/11	13
06/15/11	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	ID NUMBER	TYPE
1059	136p	060611	27445	13-64-07888	<input checked="" type="checkbox"/> Generate
0606	0606	060611	01	01	<input type="checkbox"/> Transport
0607	0607	060711	02	02	<input type="checkbox"/> Store
0608	0608	060811	03	03	<input type="checkbox"/> Treat
0609	0609	060911	04	04	<input type="checkbox"/> Other
0610	0610	061011	05	05	
0611	0611	061111	06	06	
0612	0612	061211	07	07	
0613	0613	061311	08	08	
0614	0614	061411	09	09	

- Hospital       Nursing Home       Medical Doctor       Osteopath       Clinical Laboratory       Abortion Clinic
  - Funeral Home     Veterinarian       Dentist       Home Health       SurgiCenter/Walk-in       Other
  - Dialysis Clinic     Tattoo/Body Pierce     Podiatrist       State Laboratory/ Clinic     Blood Bank
- SCHOOL

*Items marked below violate 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 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.*

- 1. Permit/Exemption/Registration       5. Segregation       9. Labeling       12. Other
- 2. Written Plan       6. Containers       10. Transfer/Transport
- 3. Training       7. Storage       11. Treatment Method:
- 4. Records       8. Transport Vehicle(s)

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

**INSPECTION CONDUCTED BY:** J. WILLIAMS **PHONE:** (305) 623-3500 x 3521

**COPY OF REPORT RECEIVED BY:** Joniann Fairclough **DATE:** 6/6/11

DH Form 4095, 1/05 (Obsoletes Previous Editions)