

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC/ PRIVATE SCHOOL  
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 Herbeat O Commons Middle school  
 ADDRESS 17990 SW 142 Ave CITY Miami  
 OWNER MOEPS ZIP 33177  
 PERSON IN CHARGE Maria Costa PHONE (305) 971-3622

**CENSUS**

1000 \_\_\_\_\_  
 2000 \_\_\_\_\_  
 3000 \_\_\_\_\_  
 4000 \_\_\_\_\_  
 5000 \_\_\_\_\_  
 6000 \_\_\_\_\_  
 7000 \_\_\_\_\_  
 8000 \_\_\_\_\_  
 9000 \_\_\_\_\_

FEMALES \_\_\_\_\_

MALES \_\_\_\_\_

**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
8:00	10:00
1:00	1:00
2:05 AM	2:05 PM
3:10 PM	3:40 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		
09	28	09
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

POSITION #			
8	2	5	15
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

PERMIT NUMBER					
1	3	-	5	1	-
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

*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"/> LIQUID/SOLID WASTE	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> FOOD
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> OTHER
<input type="checkbox"/> 6. Lighting/Toot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 24. Brush/Trash	<input checked="" type="checkbox"/> 28. <u>Chemicals</u>
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio		<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
A28	- Store cleaning chemicals OUT OF REACH OF CHILDREN (classrooms #403, 802, 801, 804, 702, 701, 603, 602, 1200, 1202, 1004, 1001)
A6	- Replace broken cover plate under electrical outlet (803)

HEALTH DEPARTMENT INSPECTOR: MARIA ADROVER PHONE: (305) 668-7240  
 COPY OF REPORT RECEIVED BY: Yvonne Perts DATE: 09/28/09

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY