

**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 Ash Creek Elem School
 ADDRESS 702 NE 137st CITY Miami
 OWNER DCPS ZIP 33141
 PERSON IN CHARGE Tony Mertik PHONE (305) 892-4000

CENSUS
 593
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
 290
MALES
 303

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
3:00 PM	4:30 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
04/24/13
05
06
07
08
09
10
11
12
13
14

POSITION #
27452
00000
11111
22222
33333
44444
55555
66666
77777
88888
99999

PERMIT NUMBER
13-51-15736
000000000
111111111
222222222
333333333
444444444
555555555
666666666
777777777
888888888
999999999

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	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles		
<input type="checkbox"/> 7. Heating, Ventilation, A/C		
<input type="checkbox"/> 8. Natural Ventilation		
<input checked="" type="checkbox"/> 9. Mechanical Ventilation		
SANITARY FACILITIES		
<input type="checkbox"/> 10. Provided/Accessible		
<input checked="" type="checkbox"/> 11. Cleanliness & Repair		
<input type="checkbox"/> 12. Toilet Facilities		
<input type="checkbox"/> 13. Separation of Sexes		
<input type="checkbox"/> 14. Fixture Ratio		
<input checked="" type="checkbox"/> 15. Handwash Facilities		
<input type="checkbox"/> 16. Showers/Fixtures		
<input type="checkbox"/> 17. Shower Water Temp.		
WATER SUPPLY		
<input type="checkbox"/> 18. Installed/Operated/Maintained		
<input type="checkbox"/> 19. Drinking Fountains		
<input type="checkbox"/> 20. Approved Source		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Scrap hole in wall hallway, 3" d FLOW
15	Repair broken faucet fixture in restrooms
9	Restore ventilation in bathrooms throughout facility
11	Repair broken liquid soap dispenser

HEALTH DEPARTMENT INSPECTOR: Ella Rundle Thompson PHONE: (305) 623-3120
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4/24/13
 DH 4030, 01/05 (Obsoletes Previous Editions) Tony Mertik
ESTABLISHMENT/FACILITY