

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PUBLIC SCHOOL INSPECTION REPORT



1 of 2

Facility Information Section

Satisfactory

Permit Number: 13-51-08111

Type: Public School

Owner: M-DCSB Food and Nutrition

Person In Charge: Robin Armstrong Phone: 305-688-4631

Name of Facility: Rainbow Park Elem. School

Address: 15355 NW 19 Avenue

City, Zip: Miami 33054

Inspection Results Information Section

Purpose: Routine Begin Time: 10:05 AM Correct By: Next Inspection Inspection Date: 9/10/2015 End Time: 11:00 AM Re-Inspection Date: None

Additional Information Section

 CENSUS
 397

 FEMALES
 200

 MALES
 197

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.

Violation Markings Section

SCHOOL SANITATION

1. School Site

2. Playground Equipment

3. Athletic Equipment

BUILDINGS

Construction

Maintenance & Repair

6. Lighting/Foot-Candles

7. Heating, Ventilation, A/C

Natural Ventilation
 Mechanical Ventilation

SANITARY FACILITIES

10. Provided/Accessible

Cleanliness & Repair

Toilet Facilities

13. Separation of Sexes

Fixture Ratio

Handwash Facilities

Showers/Fixtures

17. Shower Water Temp.

WATER SUPPLY

18. Installed/Operated/Maintained

19. Drinking Fountains

20. Approved Source

LIQUID/SOLID WASTE

21. Sewage Disposal

22. Solid Waste

VECTOR/VERMIN CONTROL

23. Infestation/Control

24. Brush/Trash

25. Water Collection/Drainage

SAFETY

26. First Aid Kit

FOOD

27. Food Insp. Rpt.

OTHER

28. 29.

General Comments Section

No General Comments Available

Violations Comments Section

Inspector Signature:

Client Signature:

Form Number: DH 4030 01/05

Roma