

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: 13-64-06472
Name of Facility: William Lehman Elementary
Address: 10990 SW 113 Place
City, Zip: Miami 33176

Correct By: None
Re-Inspection Date: None

Type: Other
Owner: Miami-Dade County Public Schools
Person In Charge: Miami-Dade County Public Schools Phone: (305) 995-4900
PIC Email: ladybug@dadeschools.net

Inspection Information

Purpose: Routine
Inspection Date: 4/2/2025

Begin Time: 11:05 AM
End Time: 11:30 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

Healthcare environmental Services
As needed

Email Address(es): Ladybug@dadeschools.net

Violations Comments

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

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Inspection Conducted By: Arnaldo Lopez-Rivera (913936)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: William Lehman Elementary
Date: 4/2/2025

Inspector Signature:

Handwritten signature of Arnaldo Lopez-Rivera.

Client Signature:

Handwritten signature of William Lehman.