



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



Facility Information Section

Satisfactory

Permit Number: 13-51-08217
Type: Public School
Owner: M-DCSB Food and Nutrition
Person In Charge: Brian Hamilton Phone: (305) 274-7100
Name of Facility: Devon Aire K-8 Center
Address: 10501 SW 122 Avenue
City, Zip: Miami 33186

Inspection Results Information Section

Purpose: Reinspection	Begin Time: 03:05 PM	Correct By: None
Inspection Date: 11/17/2015	End Time: 05:00 PM	Re-Inspection Date: None

Additional Information Section

CENSUS	1504
FEMALES	696
MALES	808

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	11. Cleanliness & Repair	22. Solid Waste
1. School Site	12. Toilet Facilities	VECTOR/VERMIN CONTROL
2. Playground Equipment	13. Separation of Sexes	23. Infestation/Control
3. Athletic Equipment	14. Fixture Ratio	24. Brush/Trash
BUILDINGS	15. Handwash Facilities	25. Water Collection/Drainage
4. Construction	16. Showers/Fixtures	SAFETY
5. Maintenance & Repair	17. Shower Water Temp.	26. First Aid Kit
6. Lighting/Foot-Candles	WATER SUPPLY	FOOD
7. Heating, Ventilation, A/C	18. Installed/Operated/Maintained	27. Food Insp. Rpt.
8. Natural Ventilation	19. Drinking Fountains	OTHER
9. Mechanical Ventilation	20. Approved Source	28.
SANITARY FACILITIES	LIQUID/SOLID WASTE	29.
10. Provided/Accessible	21. Sewage Disposal	

General Comments Section

The violations noted on the previous inspection were corrected.
The re-inspection is satisfactory.

Violations Comments Section

Inspector Signature:

Client Signature:



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No Violation Comments Available

Inspection Conducted By: Osvaldo Samper (67699)
Phone: (305) 623-3500
Received By: Signed
Date: 11/17/2015

Inspector Signature:

A handwritten signature in black ink, appearing to be "Osvaldo Samper".

Client Signature:

A handwritten signature in black ink, appearing to be "Ri. Arana".

Form Number: DH 4030 01/05