

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: 53-64-00387
Name of Facility: Hillcrest Elementary
Address: 1051 State Road 60 E
City, Zip: Lake Wales 33853

Correct By: Next Inspection
Re-Inspection Date: None

Type: Other
Owner: Lake Wales Charter Schools - Polk County Public Schools
Person In Charge: Rebecca Thomas Phone: (863) 678-4216
PIC Email: marcia.rose@lwcharterschools.com

Inspection Information

Purpose: Reinspection
Inspection Date: 1/22/2024

Begin Time: 12:48 PM
End Time: 01:03 PM

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: |
| X 4. Records | 8. Transport Vehicle(s) | 12. Other |

General Comments

A statement regarding the biomedical waste transporter records for the missing 30-day periods noted in the violation section was submitted to the Department of Health in Polk County via email to Wadeana.Beveridge@flhealth.gov by Marcia.Rose@lwcharterschools.com on 1/19/2024 explaining that the school changed transport companies due to issues with the first company and the school is unable to obtain the missing receipts despite multiple attempts due to some of the previous issues. Violation will remain but Satisfactory result will be given. Email will be placed into the official file.

Biomedical waste training description and attendance for August 2023 along with the biomedical waste operating plan were submitted to the Department of Health in Polk County via email to Wadeana.Beveridge@flhealth.gov by Marcia.Rose@lwcharterschools.com on 12/4/2023.

Biomedical waste transporter - BioWaste
Biomedical waste training - August 2023
Biomedical waste storage - student bathroom. Inspector suggested removing the biomedical waste storage box as a red bag canister is already available.

Email Address(es): marcia.rose@lwcharterschools.com

Inspector Signature:

Client Signature:

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2 of 2

Violations Comments

Violation #4. Records
Biomedical waste transporter receipts for November 2020 through August 2023 were unavailable for review at the time of the inspection. Per Marcia Rose, these manifests are not able to be maintained. See comments for details.

CODE REFERENCE: Record Keeping. 64E-16.003(2)(b) All biomedical waste management records must be maintained for three years and available for review by the department. Generator records include transporter receipts and any other documentation provided by their transporter, purchase and return receipts for mail-in-sharps containers, purchase receipts for approved alternative treatment methods, sterilization or treatment logs, and training records. Transporter records must include information regarding the approximate quantity by weight collected in a given month, where and from whom the waste was collected, where the waste was taken and receipts, or other written materials, documenting where all biomedical waste was stored and treated. Storage facilities records include approximate quantity by weight received and either treated or transported elsewhere. Treatment facilities records must give the approximate quantity and source of biomedical waste treated each month.

Inspection Conducted By: Wadeana Beveridge (953365)
Inspector Contact Number: Work: (863) 578-2043 ex.
Print Client Name: Cynthia Kirchberg
Date: 12/4/2023

Inspector Signature:

Handwritten signature of Wadeana Beveridge.

Client Signature:

Handwritten signature "N/A".