

**DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

Boiler - Fired Pressure Vessel report of Inspection

Date Inspected 02/28/2012	Cert. Exp Date 02/28/2013	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number FL00004721	Nat'l Bd. No 9964	Other No
Owner WSG Citrus Park LLC		Nature Of Business Computer Processing and Data		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 8009 Citrus Park Dr		Owner City Tampa		State FL	Zip 33625-3001	
User Name - Object Location WSG Citrus Park LLC		Specific Location in Plant		Object Location - County Hillsborough		
User Street Address 8009 Citrus Park Dr		User City Tampa		State FL	Zip 33625-3001	
Type Electric	Year Built 2006	Manufacturer Pacific				
Use Process		Fuel Electric	Method of Firing Electricity	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 100	This Inspection 100 psi	Prev. Inspection 100 psi	Safety Relief Valves Set At 100 psi	Total Capacity 423 LB/HR	Heating Surface and/or BTU 18 kw	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PSI DATE		
<p>CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.</p> <p>No adverse conditions</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
<p>Name and Title of Person To Whom Requirements Were Explained Sandra Koster</p>						
<p>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Gordon King</i></p>						
Inspector Name Gordon King		Ident No FL-403 NB-12281		Employed By FM Global		Ident. No. 30199775

**D14-379
10/01/2000**

