

**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.

**MAR 28 2012**

**Boiler Safety Program  
Bureau of Fire Prevention**

**Boiler - Fired Pressure Vessel report of Inspection**

Date Inspected <b>03/16/2012</b>	Cert. Exp Date <b>03/16/2013</b>	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 <b>FL015166</b>	Narrative No <b>5167</b>	Other No <b>Hollywood</b>
Owner <b>Hollywood Studio Theme Park</b>			Nature Of Business <b>Amusement and Recreation</b>		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext	
Owner Street Address <b>PO Box 10000</b>			Owner City <b>Lake Buena Vista</b>		State <b>FL</b>	
User Name - Object Location <b>Hollywood Studio Theme Park</b>			Specific Location in Plant <b>Epic Theatre</b>		Object Location - County <b>Orange</b>	
User Street Address <b>271 N World Dr.</b>			User City <b>Lake Buena Vista</b>		State <b>FL</b>	
Type <b>Fire Tube</b>			Year Built <b>1998</b>		Manufacturer <b>Hurst</b>	
Use <b>Process</b>			Fuel <b>Natural Gas</b>		Method of Firing <b>Automatic</b>	
Pressure This Inspection <b>150</b> psi			Prev. Inspection <b>150</b> psi		Safety Relief Valves Set At <b>150</b> psi	
Total Capacity <b>1651 LB/HR</b>			Heating Surface and/or BTU <b>55 sq ft</b>		Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		PSI DATE <input checked="" type="checkbox"/> No	

**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.

**This boiler waterside, fireside and external surfaces were in satisfactory condition.**

**REQUIREMENTS: (List of Code Violations)**

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Mr. James Audet, Planned Work Specialist

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name <b>Richard L Mork</b>	Ident No <b>FL-433 NB-9759 A</b>	Employed By <b>FM Global</b>	Ident. No. <b>30199775</b>
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**D14-379  
10/01/2000**