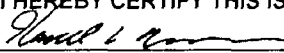


**DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

JUL 23 2012

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 07/11/2012	Cert. Exp Date 07/11/2013	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 018817	Nat'l Bd No 11405	Other No 13339
Owner Hyatt		Nature Of Business Hotels and Motels		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 1 Grand Cypress Blvd		Owner City Orlando		State FL	Zip 32836-6734	
User Name - Object Location Kyo-Ya Company, Ltd.		Specific Location in Plant steam boiler room		Object Location - County Orange		
User Street Address 1 Grand Cypress Blvd		User City Orlando		State FL	Zip 32836-6734	
Type Fire Tube		Year Built 2009	Manufacturer sellers			
Use Process		Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 150	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 4234 LB/HR	Heating Surface and/or BTU 138 sq ft / 2768000 BTU/hr	
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		
<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>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Kenton West and Felix Fonseca						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name Harold F Bowers		Ident. No. FL-505 NB-12485		Employed By FM Global		Ident. No. 30199775

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