

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

**JUL 20 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 <b>07/13/2012</b>	Cert. Exp Date <b>07/13/2014</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>085935</b>	Nat'l Bd. No <b>6312</b>	Other No <b>0</b>
Owner <b>Jefferson Correctional</b>			Nature Of Business <b>Nonclassifiable Establishments</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>1050 Big Joe Rd</b>			Owner City <b>Monticello</b>		State <b>FL</b>	
User Name - Object Location <b>Jefferson Correctional</b>			Specific Location in Plant <b>G dorm</b>		Object Location - County <b>Jefferson</b>	
User Street Address <b>1050 Big Joe Rd</b>			User City <b>Monticello</b>		State <b>FL</b>	
Type <b>Coil</b>			Year Built <b>1989</b>		Manufacturer <b>A O Smith</b>	
Use <b>Hot Water Heating</b>			Fuel <b>Natural Gas</b>		Method of Firing <b>Automatic</b>	
Pressure <b>160</b> psi			Prev. Inspection <b>160</b> psi		Safety Relief Valves Set At <b>30</b> psi	
Total Capacity <b>1300000 BTU/HR</b>			Heating Surface and/or BTU <b>40 sq ft / 670000 BTU/hr</b>		Pressure Gage Tested <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)				Hydro Test <input type="checkbox"/> Yes <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.

**Conditions Satisfactory.**

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

**None Required**

Name and Title of Person To Whom Requirements Were Explained

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name <b>Kevin Kruschwitz</b>	Ident. No. <b>FL-536 NB-13469</b>	Employed By <b>CNA Insurance Company</b>	Ident. No. <b>30199784</b>
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**D14-379**

**10/01/2000**