## AUG 0 3 2012

## 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.

Safe Inspected   Cert. Exp Date   Cer	This inspection	is intende		•		•			Your cooperation port of Ins				
Applied Health South Milami Hospital   General Medical and Surgical   Milami   Ext   Myes   Woure (Street Address   South Milami   State   Zip   State   Zip   State   Xip   South Milami   State   Zip   State   Xip   South Milami   State   Zip   Z						1		1		l .	No		
South Miami   FL   Sit 43-46	Owner B <mark>aptist Health</mark> :	South Mia	ami H	ospital						· —		_	Cert Inspection  ✓ Yes \_No
South Miami Hospital   BLRM - 2nd FL   Miami-Dade   Subset Time   State   Zip   Stat	Owner Street Address 6200 SW 73rd St										I		Zip 33143-4679
South Milam    FL   33143-46    Vaer Tulbe   Vaer Ruilt   Manufacturer   Vaer Ruilt   Manufacturer   Vaer Ruilt   Vaer R	User Name - Object Location South Miami Hospital												
Safety Relief Valves Set At   Method of Firing   Pressure Gage Tes   Valves Set At   Total Capacity   Heating Surface and Note of Set Set At   Total Capacity   Heating Surface and Set Set Set At   Total Capacity   Heating Surface and Set Set Set At   Total Capacity   Heating Surface and Set Set Set Set At   Total Capacity   Heating Surface and Set	Iser Street Address 5200 SW 73rd St												Zip 33143-4679
Natural Cas								rer					
Allowed 170 psi 170 psi 180 psi 180 psi 180 psi 14334 LBHR 199 sq ft / 75 BTU/h s condition of object such that a certificate may be issued?  If No, explain fully under condition)  CONDITIONS: With respect to the internal surface, describe and state location of any scale, cil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any corrosion and state whether active or inactive. State location and extent of any corrosion and state whether active or inactive. State location and extent of any corrosion studies, warping, cracking or si 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 glasge cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.  REQUIREMENTS: (List of Code Violations)  None Required  Image: Required the preson To Whom Requirements Were Explained ftr. Cesar Padron, Operator, (305)304-2037  HERREY CERTIES THIS IS A TRUE REPORT OF MY INSPECTION  Inspector Name Ident. No. Employed By Ident. No.								as		ring	Р		
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