

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

**AUG 03 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>07/27/2012</b>	Cert. Exp Date <b>07/27/2013</b>	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number <b>019351</b>	Nat'l Rd No <b>5133</b>	Other No <b>64S431570 (#2)</b>
Owner <b>Baptist Health South Miami Hospital</b>		Nature Of Business <b>General Medical and Surgical</b>		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 <b>6200 SW 73rd St</b>		Owner City <b>South Miami</b>		State <b>FL</b>	Zip <b>33143-4679</b>	
User Name - Object Location <b>South Miami Hospital</b>		Specific Location in Plant <b>BLRM - 2nd FL</b>		Object Location - County <b>Miami-Dade</b>		
User Street Address <b>6200 SW 73rd St</b>		User City <b>South Miami</b>		State <b>FL</b>	Zip <b>33143-4679</b>	
Type <b>Water Tube</b>	Year Built <b>2003</b>	Manufacturer <b>Miura</b>				
Use <b>Process</b>		Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>170</b> psi	Prev. Inspection <b>170</b> psi	Safety Relief Valves Set At <b>150</b> psi	Total Capacity <b>4234 LB/HR</b>	Heating Surface and/or BTU <b>199 sq ft / 75 BTU/hr</b>	
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.

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

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Mr. Cesar Padron, Operator, (305)304-2037

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name <b>J. Michael McFalls</b>	Ident. No. <b>FL-510 NB-11065 A</b>	Employed By <b>FM Global</b>	Ident. No. <b>30199775</b>
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**D14-379  
10/01/2000**