



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

APR 24 2013

**Boiler-Fired Pressure Vessel
REPORT OF INSPECTION**

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

| | | | | | | |
|---|-----------------------------|--|---|---|---|--|
| DATE INSPECTED 04/12/2013 | CERT EXP DATE 04/12/2014 | CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO | FOLLOW UP? <input type="radio"/> YES <input checked="" type="radio"/> NO | JURISDICTION NUMBER FL019808 | NATL BOARD NO NB12569 | OTHER NO |
| OWNER BAYCARE HEALTH SYSTEMS INC | | | NATURE OF BUSINESS HOSPITALS | | KIND OF INSP. <input checked="" type="radio"/> INT <input type="radio"/> EXT | CERT INSP? <input checked="" type="radio"/> YES <input type="radio"/> NO |
| OWNER STREET ADDRESS 16255 BAY VISTA DRIVE | | | OWNERS CITY CLEARWATER | | STATE FL | ZIP 33760 |
| USER NAME - OBJECT LOCATION ST ANTHONYS HOSPITAL EMERGENCY R | | | SPECIFIC LOCATION IN PLANT BOILER ROOM | | OBJECT LOCATION - COUNTY PINELLAS | |
| LOCATION STREET ADDRESS 1200 7TH AVE N | | | LOCATION CITY SAINT PETERSBURG | | STATE FL | ZIP 33705 |
| TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER | | YEAR BUILT 2003 | | MANUFACTURER CLEAVER BR | | |
| USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER | | | FUEL Natural Gas | | METHOD OF FIRING Burner | PRESSURE TESTED <input type="radio"/> YES <input checked="" type="radio"/> NO |
| PRESSURE ALLOWED THIS INSPECTION 150 | | PREV INSP 150 | | SAFETY - RELIEF VALVES SET AT 90 | | TOTAL CAPACITY 8,374,000 BTUs |
| OBJECT CAPACITY 6,900,000 BTUs | | | | IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? <input checked="" type="radio"/> YES <input type="radio"/> NO (IF NO EXPLAIN FULLY UNDER CONDITIONS) | | |
| HYDRO TEST <input type="radio"/> YES <input checked="" type="radio"/> NO | | | PSI | | DATE | |

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 condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

INTERNAL INSPECTION - NO ADVERSE CONDITIONS NOTED.

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

CHRIS JOHNSON

CONTACT PHONE (727) 825-1157

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Lance Dietz

SIGNATURE OF INSPECTOR

Lance A. Dietz

IDENT. NO

186

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265