

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

JUL 29 2013

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 07/24/2013 | Cert. Exp Date | 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 019351 | Nat'l Rd No 5133 | Other No 64S431570 (#2) |
| Owner Baptist Health South Miami Hospital | | | Nature Of Business General Medical and Surgical | | Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext | |
| Owner Street Address 6200 SW 73rd St | | | Owner City South Miami | | State FL | |
| User Name - Object Location South Miami Hospital | | | Specific Location in Plant BLRM - 2nd FL | | Object Location - County Miami-Dade | |
| User Street Address 6200 SW 73rd St | | | User City South Miami | | State FL | |
| Type Water Tube | | | Year Built 2003 | | Manufacturer Miura | |
| Use Process | | | Fuel Natural Gas | | Method of Firing Automatic | |
| Pressure Allowed | | | This Inspection 170 psi | | Prev. Inspection 170 psi | |
| Safety Relief Valves Set At 150 psi | | | Total Capacity 4234 LB/HR | | Heating Surface and/or BTU 199 sq ft / 2588000 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 Mr. Mike Hyatt, Plant Operations Manager, (786)662-2765 | | | | | | |
| I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>J. M. McFalls</i> | | | | | | |
| Inspector Name J. Michael McFalls | | | Ident. No. FL-601 NB-11065 A | | Employed By FM Global | |
| | | | | | Ident. No. 30199775 | |

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