

**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.

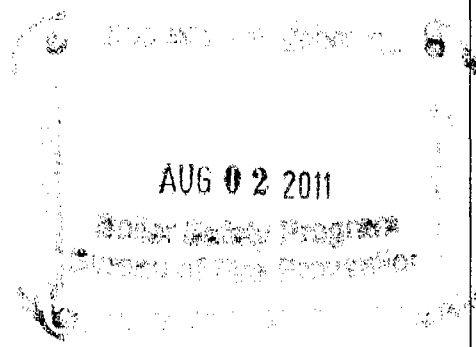
Boiler - Fired Pressure Vessel report of Inspection

Date Inspected <i>7/12</i> <i>10/11</i>	Cert. Exp Date* <i>08/28/2011</i>	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 * FL-21182	Nat'l Bd. No. 16166	Other No.
Owner VHA Southeast - Bay Medical Center			Nature Of Business*		Kind of Inspection <input checked="" type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address 615 N. Bonita Ave. (Attn: Sammy Sims, Dir. Facilities)			Owner City Panama City		State FL	Zip 32401-3600
User Name - Object Location Bay Medical Center - VHA Southeast			Specific Location in Plant SCEP		Object Location - County Bay	
User Street Address 615 N. Bonita Ave.			User City Panama City		State FL	Zip 32401-3600
Type Fire Tube		Year Built 2009	Manufacturer Cleaver Brooks			
Use Process			Fuel Gas	Method of Firing Burner	Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed	This Inspection <i>150</i> psi	Prev. Inspection <i>150</i> psi	Safety Relief Valves Set At <i>150</i> psi	Total Capacity <i>14404</i>	Heating Surface and/or BTU 2000 sq ft / 13800000 BTU/hr	
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)				Hydro Test <input checked="" type="checkbox"/> Yes <input 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.

No adverse conditions noted.

REQUIREMENTS: (List of Code Violations)



Name and Title of Person To Whom Requirements Were Explained

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name <i>James Dye</i>	Ident. No. FL543 NB-10980	Employed By Zurich American Insurance Co	Ident. No. 09593
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D14-379
10/01/2000