

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

AUG 27 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number 021182	Nat'l Rd No 16166	Other No
Owner VHA Southeast - Bay Medical Center			Nature Of Business General Medical and Surgical		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext	
Owner Street Address 615 N. Bonita Ave. (Attn: Sammy Sims, Dir. Facilities)			Owner City Panama City		State FL	
User Name - Object Location Bay Medical Scared Heart Health System			Specific Location in Plant SCEP		Object Location - County Bay	
User Street Address 615 N. Bonita Ave.			User City Panama City		State FL	
Type Fire Tube			Year Built 2009		Manufacturer Cleaver Brooks	
Use Process			Fuel Natural Gas		Method of Firing Automatic	
Pressure Allowed 150 psi			Prev. Inspection 150 psi		Safety Relief Valves Set At 150 psi	
Total Capacity 14404 LB/HR			Heating Surface and/or BTU 2000 sq ft / 13800000 BTU/hr		Pressure Gage Tested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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
						PSI DATE <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.

Internal cert insp w/no adverse conditions noted.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Jackie Kennington, Facility Supervisor, 850-866-9829

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name Gary Greene	Ident. No. FL-427 NB-11003 AB	Employed By Zurich American Insurance Co	Ident. No. 30199766
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**D14-379
10/01/2000**