



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

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

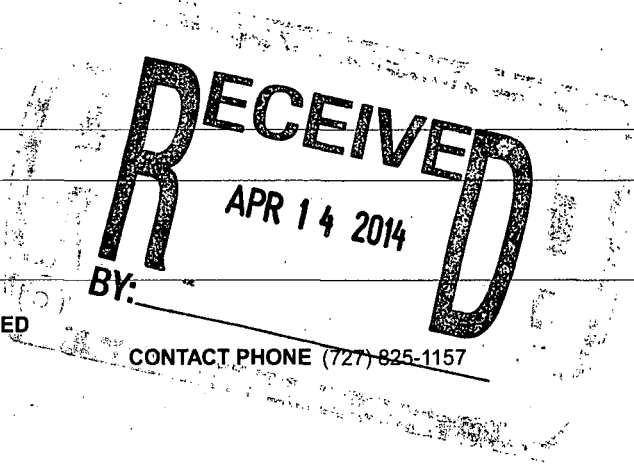
This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

DATE INSPECTED 04/03/2014	CERT EXP DATE	CERT POSTED <input type="radio"/> YES <input checked="" 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 ST 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 8,382,000 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.

NO ADVERSE CONDITIONS NOTED. OK TO ISSUE CERT.

REQUIREMENTS: (List Code Violations)



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