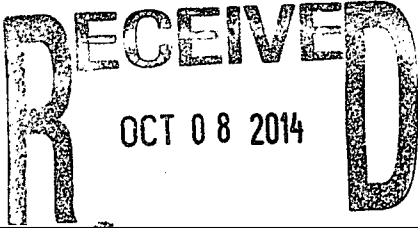


**DIVISION OF THE STATE FIRE MARSHALL  
BUREAU OF FIRE PREVENTION  
BOILER SAFETY PROGRAM**

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* <b>10/06/2014</b>	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 * <b>085935</b>	Nat'l Rd No <b>6312</b>	Other No <b>0</b>
Owner <b>FL Department of Corrections</b>			Nature Of Business <b>State of FL Building</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>110 Melaleuca Dr</b>			Owner City <b>Crawfordville</b>		State <b>FL</b>	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
User Name - Object Location <b>Jefferson Correctional</b>			Specific Location in Plant <b>G-Dorm</b>		Object Location - County <b>Jefferson</b>	
User Street Address <b>1050 Big Joe Rd</b>			User City <b>Monticello</b>		State <b>FL</b>	Zip <b>32344-5188</b>
Type * <b>Coil</b>		Year Built <b>1989</b>	Manufacturer <b>A O Smith</b>			
Use <b>Hot Water Heating</b>			Fuel <b>Propane</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>160</b>	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At <b>30</b>	Total Capacity <b>1300000 BTU/HR</b>	Heating Surface and/or BTU <b>40.6 sq ft / 670000 BTU/hr</b>	
Is condition of object such that a certificate may be issued? *				Hydro Test		
(If No, explain fully under condition)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>CONDITIONS:</b> 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><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
Name and Title of Person To Whom Requirements Were Explained				BY: 		
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION						
Inspector Name <b>Ivan Puig</b>		Ident. No. <b>FL-12-000019 NB-14428</b>		Employed By <b>Travelers</b>		Ident. No. <b>30199797</b>

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