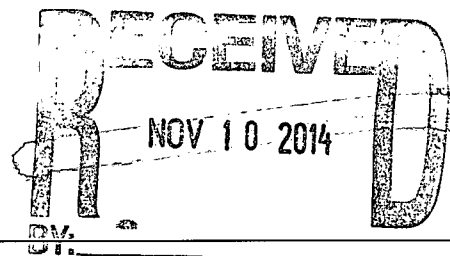


**DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

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 11/04/2014	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 123410	Nat'l Rd No 2196	Other No
Owner UCF Lake Nona Medical Campus			Nature Of Business University		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 6900 Lake Nona Blvd			Owner City Orlando		State FL	Zip 32827-7406
User Name - Object Location UCF College of Medicine			Specific Location in Plant Bldg. 1002 Mechanical Room 195		Object Location - County Orange	
User Street Address 6850 Lake Nona Blvd			User City Orlando		State FL	Zip 32827-7408
Type Water Tube		Year Built 2009	Manufacturer CAMUS			
Use Hot Water Heating			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 160	This Inspection 160 psi	Prev. Inspection 160 psi	Safety Relief Valves Set At 150 psi	Total Capacity 3655000 BTU/HR		Heating Surface and/or BTU 177 sq ft / 3500000 BTU/hr
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		
<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>Emergency remote shutdown switch installation in-progress; notify inspector when completed.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
<p>Name and Title of Person To Whom Requirements Were Explained Salvatore Candela, Supervisor</p>						
<p>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</p>						
Inspector Name <i>Ivan Puig</i>		Ident. No. FL-12-000019 NB-14428		Employed By Travelers		Ident. No. 30199797



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