

**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 06/04/2015	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 019351	Nat'l Bd. No 5133	Other No 64S431570 (#2)
Owner Baptist Health South Miami Hospital		Nature Of Business General Medical and Surgical		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 6200 SW 73rd St		Owner City South Miami		State FL	Zip 33143-4679	
User Name - Object Location South Miami Hospital		Specific Location in Plant BLRM - 2nd FL		Object Location - County Miami-Dade		
User Street Address 6200 SW 73rd St		User City South Miami		State FL	Zip 33143-4679	
Type Water Tube		Year Built 2003	Manufacturer Miura			
Use Process		Fuel Natural Gas	Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 170	This Inspection 170 psi	Prev. Inspection 170 psi	Safety Relief Valves Set At 150 psi	Total Capacity 4234 LB/HR		Heating Surface and/or BTU 199 sq ft / 2588000 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		
				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>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
<p>RECEIVED JUN 16 2015</p> <p>BY: _____</p>						
Name and Title of Person To Whom Requirements Were Explained Angelo Papili (Boiler Lead)						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION						
Inspector Name <i>Harold F Bowers</i>		Ident. No. FL-535 NB-12485		Employed By FM Global		Ident. No. 30199775

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