



**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.

<b>DATE INSPECTED</b> 08/04/2015	<b>CERT EXP DATE</b>	<b>CERT POSTED</b> <input checked="" type="radio"/> YES <input type="radio"/> NO	<b>FOLLOW UP?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	<b>JURISDICTION NUMBER</b> FL021182	<b>NATL BOARD NO</b> NB16166	<b>OTHER NO</b>
<b>OWNER</b> LHP HOSPITAL GROUP				<b>NATURE OF BUSINESS</b> HOSPITALS	<b>KIND OF INSP.</b> <input checked="" type="radio"/> INT <input type="radio"/> EXT	<b>CERT INSP?</b> <input checked="" type="radio"/> YES <input type="radio"/> NO
<b>OWNER STREET ADDRESS</b> 2400 N DALLAS PARKWAY 450				<b>OWNERS CITY</b> PLANO	<b>STATE</b> TX	<b>ZIP</b> 75093
<b>USER NAME - OBJECT LOCATION</b> MAIN HOSPITAL AND WEST TOWER				<b>SPECIFIC LOCATION IN PLANT</b> SCEP	<b>OBJECT LOCATION - COUNTY</b> BAY	
<b>LOCATION STREET ADDRESS</b> 615 BONITA AVE				<b>LOCATION CITY</b> PANAMA CITY	<b>STATE</b> FL	<b>ZIP</b> 32401
<b>TYPE</b> <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER			<b>YEAR BUILT</b> 2009	<b>MANUFACTURER</b> CLEAVER BR		
<b>USE</b> <input checked="" type="checkbox"/> POWER <input type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER				<b>FUEL</b> Natural Gas	<b>METHOD OF FIRING</b> Burner	<b>PRESSURE TESTED</b> <input type="radio"/> YES <input checked="" type="radio"/> NO
<b>PRESSURE ALLOWED</b> THIS INSPECTION 150      PREV INSP 150		<b>SAFETY - RELIEF VALVES</b> SET AT 150      TOTAL CAPACITY 17406000 BTUs Per Hour			<b>OBJECT CAPACITY</b> 16329000 BTUs	
<b>IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?</b> <input checked="" type="radio"/> YES <input type="radio"/> NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)				<b>HYDRO TEST</b> <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.

**REQUIREMENTS: (List Code Violations)**

**RECEIVED**  
AUG 11 2015  
BY: \_\_\_\_\_

**NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED**  
ALLEN JOHNSON

**CONTACT PHONE** (850) 747-6567

**THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**  
**INSPECTOR NAME** Jason Rogers

**SIGNATURE OF INSPECTOR**

**IDENT. NO**  
15-000023

**EMPLOYED BY**

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265