

**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 10/27/2015	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number 124205	Nat'l Rd No 252490	Other No
Owner Holy Comforter		Nature Of Business School		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 2001 Fleischmann Rd		Owner City Tallahassee		State FL	Zip 32308-0561	
User Name - Object Location Holy Comforter		Specific Location in Plant Boiler Room 10		Object Location - County Leon		
User Street Address 2001 Fleischmann Rd		User City Tallahassee		State FL	Zip 32308-0561	
Type Water Tube	Year Built 2008	Manufacturer Ray Pak				
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	This Inspection 160 psi	Prev. Inspection psi	Safety Relief Valves Set At 60 psi	Total Capacity 1566000 BTU/HR	Heating Surface and/or BTU 135 sq ft / 1352000 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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.

No adverse conditions found.

RECEIVED
NOV 04 2015
BY: _____

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Charley Williams/Maint/850-284-3537

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name Michael Barnhart	Ident. No. FL-12-000020 NB-12822	Employed By Travelers	Ident. No. 30199797
---	--	---------------------------------	-------------------------------

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