OFFICE OF STATE FIRE MARSHAL
BOILER SAFETY SECTION

FIRST INSPECTION REPORT - ALL BOILERS

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

PLEASE PRINT

1	Date Inspected: 11-17-15	Cert. Due Date:	Cert. Posted? ☐ Yes ☒ No	Owner No.	Jurisdiction No.: FL- 23104	Other No.: 19613	☒ NB ☐ MFG	
2	Owner: Florida School for Deaf & Blind			Nature of Business: School		Kind of Insp.: ☐ Int. ☒ Ext.	Cert. Insp.: ☒ Yes ☐ No	
	Owner's Address (Street or P.O. Box No.): 207 San Marco Ave			Owner's City: St. Augustine		St.: FL	Zip: 32084	
3	User: Same			Specific Location in Plant: Blrm Rm 124		Object Location - County: St. Johns		
	User's Address (Street or P.O. Box No.): Same			User's City: —		St.: —	Zip: —	
4	Type: ☐ Ft ☐ Wt ☐ Ct ☐ Coil ☐ Pv ☐ PWB ☒ Other Elec		Yr. Built: 2011	Yr. Insp.: 2	Manufacturer: Precision		☒ New ☐ Used	
5	Use: ☐ Power ☒ Process ☐ Steam Htg. ☐ HWH ☐ HWS ☐ Storage ☐ Heat Exchange ☐ Other		Fuel: Elec		Method of Firing: Elec		Pressure Gauge Tested: ☒ Yes ☒ No	
6	Pressure Allowed: This Insp. 100	Prev. Insp. —	Safety Relief Valve Set At: 100	Explain on Back of Form if Pres. Changed	Burner Input-BTU/HR	Object Capacity: 630#/Hr	Temp. deg. F: —	
7	Is Condition of Object such that a Certificate may be Issued? ☒ Yes ☐ No	If no, explain fully on back of Form. List any Code Violations	Hydrotest ☐ Yes ☒ No	PSI: —	Date: —	Manhole Installed ☐ Yes ☒ No		
8	Shell or Drum No.	Diameter ☐ I.D. ☐ O.D. In.	Overall Length Ft. In.	Bill To: ☒ Owner ☐ User	SRV Rel. Cap. Req'd.: 630#/HR	Total HTG. Surface: —	KW Input-Elec.: 30	
9	Material-ASME Spec.	All. Stress - PSI	Thickness in.	Butt Strap - Thickness ☐ Sngl. ☐ Dbl. in.	Headers - WTBLR Tnks. in.	Type: ☐ Box ☐ Sinuous ☐ Wtr. Wall ☐ Other		
10	Type Longitudinal Seam ☐ Lap ☐ Butt ☐ Welded ☐ Brazed ☐ Riveted		Riveted (Diam. Hole) in.	Pitch in. X in. X in.		Seam Eff. %		
11	Head Thickness	Head Type ☐ Plus ☐ Fixed ☐ Movable ☐ Minus ☐ Flat ☐ Quick Open	Rad. Dish in.	Slip. Ratio Bolting No.	In. Dia.	Bolting Material		
12	Tube Sheet Thickness in.	No. Tubes	Tube Description In. Dia. / Length Ft. In.			Pitch (WL BLRS)	Ligament Eff. %	
13	Firetube Boilers	Distance Upper Tubes to Shell: Front In./Rear In.	Stayed Area Tubes (Front Head) Above Below			Stayed Area Tubes (Rear Head) Above Below		
	No. of Stays Above Tubes: Front Rear	Type ☐ Welded ☐ Head to Head ☐ Diagonal ☐ Weldless	Area of Stays: Front Rear					
	No. of Stays Below Tubes: Front Rear	Type ☐ Welded ☐ Head to Head ☐ Diagonal ☐ Weldless	Area of Stays: Front Rear					
14	Type Furnace ☐ Adamson (No. Sect.) ☐ Corrugated ☐ Plain ☐ Other		Thickness in.	Total Length Ft. In.	Type Long. Seam ☐ Welded ☐ Riveted ☐ Seamless			
15	Type Staybolts ☐ Threaded ☐ Welded ☐ Hollow ☐ Drilled (Size Hole In.)		Diameter In.	Pitch In. In.	Net Area Sq. In.			
16	Safety - Relief Valves: No. 1 Size 3/4	Total Capacity Provided ☒ Lbs/Hr. Stm ☐ BTU/Hr. ☐ CFM: 644	Discharge Sizes: 1 In.	Properly Drained ☒ Yes ☐ No	Output at Boiler Nozzle: 630#/HR BTU/HR			
17	Piping: 1	Steam Lines: 1	No. Stop Valves Req'd: 1 Installed: 1	FBD ☒ Yes ☐ No	Properly Supported ☒ Yes ☐ No	Freedom for Expansion ☒ Yes ☐ No	Steam Lines Properly Drained ☒ Yes ☐ No	Insp. Openings Comply with Code? ☒ Yes ☐ No
18	Boiler Feed-Water Line: Size 3/4 In.	Feed Appliances No. 1	Type Drive ☐ Steam ☒ Motor	Stop Valve ☒ Yes ☐ No	Check Valve ☒ Yes ☐ No	Return Lines 1	Stop Valves ☒ Yes ☐ No	Check Valves ☒ Yes ☐ No
19	No. of Water Gauges: 1	No. of Try Cocks: 2	Blow Off Pipe Size: 3/4 In.	Blow Off Pipe Location: Bottom	Lwco Installed ☒ Yes ☐ No	Properly Drained ☐ Yes ☐ No		
20	Cast Iron Blrs. —	Length — In./	Width — In./	Height — In./	No. Sections: —	Does Welding on Steam, Blow Off and Other Piping comply with Codes? ☐ Yes ☐ No	If no, Explain on Back of Form	
21	Show all Code Stamping on Back Form. Give Details - Use Sketch for Special Objects Not Covered above - Double Wall Vessels, etc...					Does All Material, Other than indicated Above, Comply With Code. ☐ Yes ☐ No	If no, Explain on Back of Form	
22	Name and Title of Person to Whom Requirements Were Explained: Guy MATTESE					Explain ALL Negative Responses in Full on Back of Form		
23	I Hereby Certify that this is a true report of my Inspection. Print or Type name of Inspector: Tim Bolden							
24	Signature of Inspector: Tim						ID No.	

Additional Information and Other Conditions and Requirements
May Be Recorded on This Side.

FS 554.103(2)

No Manufacturer's Data Report

Exact Copy of Stamping is Mandatory
for All First Inspections.

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W

MFR = Precisia
year built = 2011
capacity 30 KW / 630 #/HR

NB = 19613

514-586
4/20/88