

**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* <b>03/16/2016</b>	Cert. Exp Date*	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number * <b>132508</b>	Nat'l Bd. No. <b>20882</b>	Other No.
Owner <b>Lake Tribe Brewing LLC</b>			Nature Of Business <b>Manufacturer</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>3357 Garber Dr Unit 4</b>			Owner City <b>Tallahassee</b>		State <b>fl</b>	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
User Name - Object Location <b>Lake Tribe Brewing LLC</b>			Specific Location in Plant <b>Outside</b>		Object Location - County <b>Leon</b>	
User Street Address <b>3357 Garber Dr Unit 4</b>			User City <b>Tallahassee</b>		State <b>FL</b>	Zip <b>32303-1123</b>
Type * <b>Fire Tube</b>			Year Built <b>2015</b>	Manufacturer <b>Hurst</b>		
Use <b>Process</b>			Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection <b>15</b> psi	Prev. Inspection	Safety Relief Valves Set At <b>15</b> psi	Total Capacity <b>3164 LB/HR</b>	Heating Surface and/or BTU <b>55 sq ft / 518000 BTU/hr</b>	
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		

**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.

**Inspection for data entry only. Florida First and copy of MDR sent separately.**

**REQUIREMENTS:** (List of Code Violations)

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Jesse Ross/Owner/850-222-8100

**I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

*Michael R. Barnhart*

Inspector Name <b>Michael Barnhart</b>	Ident. No. <b>FL-12-000020 NB-12822</b>	Employed By <b>Travelers</b>	Ident. No. <b>30199797</b>
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**D14-379  
10/01/2000**