



**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.

DATE INSPECTED 07/07/2016	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO	FOLLOW UP? <input checked="" type="radio"/> YES <input type="radio"/> NO	JURISDICTION NUMBER FL003185	NATL BOARD NO NB6142	OTHER NO
OWNER BAYCARE HEALTH SYSTEMS, INC.				NATURE OF BUSINESS HOSPITALS	KIND OF INSP. <input checked="" type="radio"/> INT <input type="radio"/> EXT	CERT INSP? <input type="radio"/> YES <input checked="" type="radio"/> NO
OWNER STREET ADDRESS 16255 BAY VISTA DR				OWNERS CITY CLEARWATER	STATE FL	ZIP 33760
USER NAME - OBJECT LOCATION BARDMOOR OUTPATIENT				SPECIFIC LOCATION IN PLANT OR	OBJECT LOCATION - COUNTY PINELLAS	
LOCATION STREET ADDRESS 8787 BRYAN DAIRY				LOCATION CITY LARGO	STATE FL	ZIP 33777
TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input checked="" type="checkbox"/> OTHER			YEAR BUILT 2014	MANUFACTURER CHROMALOX		
USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER				FUEL Electric	METHOD OF FIRING Electric	PRESSURE TESTED <input type="radio"/> YES <input checked="" type="radio"/> NO
PRESSURE ALLOWED THIS INSPECTION 100		SAFETY - RELIEF VALVES SET AT 100			OBJECT CAPACITY 105000 BTUs	
PREV INSP 100				TOTAL CAPACITY 423		Pounds Per Hour
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? <input checked="" type="radio"/> YES <input type="radio"/> NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <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.

PLEASE CLEAR PREVIOUS CV. NO ADVERSE CONDITIONS NOTED

REQUIREMENTS: (List Code Violations)

RECEIVED
JUL 18 2016
BY: _____

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED
JIM VALENTINE

CONTACT PHONE (727) 310-9080

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

SIGNATURE OF INSPECTOR

IDENT. NO
1489

EMPLOYED BY
HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265