

**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>11/02/2016</b>	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number <b>123410</b>	Nat'l Bd. No. <b>2196</b>	Other No.
Owner <b>UCF Lake Nona Medical Campus</b>			Nature Of Business <b>University</b>		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 <b>6900 Lake Nona Blvd</b>			Owner City <b>Orlando</b>		State <b>FL</b>	Zip <b>32827-7406</b>
User Name - Object Location <b>UCF College of Medicine</b>			Specific Location in Plant <b>Bldg. 1002 Mechanical Room 195</b>		Object Location - County <b>Orange</b>	
User Street Address <b>6850 Lake Nona Blvd</b>			User City <b>Orlando</b>		State <b>FL</b>	Zip <b>32827-7408</b>
Type <b>Water Tube</b>		Year Built <b>2009</b>	Manufacturer <b>CAMUS</b>			
Use <b>Hot Water Heating</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 <b>160</b>	This Inspection <b>160</b> psi	Prev. Inspection <b>160</b> psi	Safety Relief Valves Set At <b>150</b> psi	Total Capacity <b>3655000 BTU/HR</b>	Heating Surface and/or BTU <b>177 sq ft / 3500000 BTU/hr</b>	

Is condition of object such that a certificate may be issued?  
(If No, explain fully under condition) ☒ Yes ☐ No

Hydro Test ☐ Yes ☒ 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 conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

**At the time of the external inspection, no visible evidence of leakage, distortion, overheating and other abnormal conditions were observed. The safety relief valve was manually tested for freedom of movement and evidence of leakage. It functioned satisfactorily. The boiler appeared in good operational condition.**

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

**None Required**

**RECEIVED**  
**NOV 14 2016**  
**BY:**

Name and Title of Person To Whom Requirements Were Explained  
**Andrew Bicanovsky, Sr. Maintenance Superintendent**

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

Inspector Name <b>Timothy Achema</b>	Ident. No. <b>FL 001371 NB-15256</b>	Employed By <b>Chubb</b>	Ident. No. <b>30199789</b>
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**D14-379  
10/01/2000**