

**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 01/06/2017	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 015166	Nat'l Bd. No. 5167	Other No. Hollywood
Owner Hollywood Studio Theme Park			Nature Of Business Amusement and Recreation		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 271 N World Drive			Owner City Lake Buena Vista		State FL	Zip 32830
User Name - Object Location Hollywood Studio Theme Park			Specific Location in Plant Epic Theatre		Object Location - County Orange	
User Street Address 271 N World Dr.			User City Lake Buena Vista		State FL	Zip 32830-1000
Type Fire Tube		Year Built 1998	Manufacturer Hurst			
Use Process			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 1651 LB/HR	Heating Surface and/or BTU 55 sq ft	

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.

External inspection performed, no adverse conditions noted.

Internal inspection to follow in upcoming weeks.

RECEIVED
JAN 17 2017
BY: _____

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Rick Polte, Planned Work Specialist

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name Joseph C. Guinto	Ident. No. FL-127 NB-11858	Employed By FM Global	Ident. No. 30199775
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**D14-379
10/01/2000**