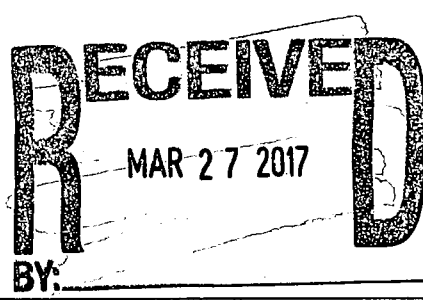


**DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

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 12/15/2016	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 085935	Nat'l Bd. No. 6312	Other No. 0
Owner FL Department of Corrections			Nature Of Business Nonclassifiable Establishments		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address 110 Melaleuca Dr			Owner City Crawfordville		State FL	Zip 32327-4963
User Name - Object Location Jefferson Correctional Institution (SOF)			Specific Location in Plant G-Dorm		Object Location - County Jefferson	
User Street Address 1050 Big Joe Rd			User City Monticello		State FL	Zip 32344-5188
Type Coil		Year Built 1989	Manufacturer A O Smith			
Use Hot Water Heating			Fuel Propane	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 160	This Inspection 160 psi	Prev. Inspection 160 psi	Safety Relief Valves Set At 30 psi	Total Capacity 1300000 BTU/HR		Heating Surface and/or BTU 40.6 sq ft / 670000 BTU/hr
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p>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.</p> <p>No adverse conditions noted.</p>						
						
REQUIREMENTS: (List of Code Violations)						
None Required						
Name and Title of Person To Whom Requirements Were Explained Ms. Sheena Hodges, Supervisor hodge.sheena@mail.dc.state.fl.us						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Howard Griffin</i>						
Inspector Name Howard (Lane) Griffin		Ident. No. FL-14-001134 NB-6620		Employed By XL Insurance America, Inc.		Ident. No. 30199785

**D14-379
10/01/2000**