

**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>03/28/2017</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>023104</b>	Nat'l Bd. No. <b>19613</b>	Other No.
Owner <b>Florida School for Deaf &amp; Blind</b>			Nature Of Business <b>Schools and Educational</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>207 San Marco Ave</b>			Owner City <b>St Augustine</b>		State <b>FL</b>	Zip <b>32084-2762</b>
User Name - Object Location <b>Florida School for the Deaf and Blind (SOF)</b>			Specific Location in Plant <b>Kirk Mem RM 124</b>		Object Location - County <b>Saint Johns</b>	
User Street Address <b>207 San Marco Ave</b>			User City <b>St Augustine</b>		State <b>FL</b>	Zip <b>32084-2762</b>
Type <b>Electric</b>		Year Built <b>2011</b>	Manufacturer <b>Precision</b>			
Use <b>Process</b>			Fuel <b>Electric</b>	Method of Firing <b>Electricity</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>100</b>	This Inspection <b>100</b>	psi	Prev. Inspection <b>100</b>	psi	Safety Relief Valves Set At <b>100</b>	psi
				Total Capacity <b>644 LB/HR</b>	Heating Surface and/or BTU <b>630 BTU/hr</b>	
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		
				PSI DATE <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.

External Cert inspection. Ok to issue cert at this time. S stamped.

**RECEIVED**  
**APR 03 2017**  
BY: \_\_\_\_\_

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

None Required

Name and Title of Person To Whom Requirements Were Explained  
Guy Maltese Maint Sup.

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

*Lance A. Dietz*

Inspector Name <b>Lance Dietz</b>	Ident. No. <b>FL-14-001313 NB-10240</b>	Employed By <b>XL Insurance America, Inc.</b>	Ident. No. <b>30199785</b>
--------------------------------------	--------------------------------------------	--------------------------------------------------	-------------------------------

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