



**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 05/23/2017	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO	FOLLOW UP? <input type="radio"/> YES <input checked="" type="radio"/> NO	JURISDICTION NUMBER FL003185	NATL BOARD NO 6142	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 checked="" type="radio"/> YES <input 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 RD				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		PREV INSP 100		SAFETY - RELIEF VALVES SET AT 100		OBJECT CAPACITY 105000 BTUs
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.

NO ADVERSE CONDITIONS NOTED. M-STAMP

REQUIREMENTS: (List Code Violations)

NONE

RECEIVED
JUN 06 2017
BY: *

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

CHRIS WAINSCOTT

CONTACT PHONE (727) 310-9080

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME DANIEL HUMENICK

SIGNATURE OF INSPECTOR

IDENT. NO

EMPLOYED BY

Daniel B. Humenick

518

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265

D14-379,

10-1-2000