



**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 07/11/2017	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 FL021182	NATL BOARD NO 16166	OTHER NO
OWNER Bay Medical Center Debbie Moseley		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 615 N Bonita ave			OWNERS CITY Panama City	STATE FL	ZIP 32401	
USER NAME - OBJECT LOCATION BAY MEDICAL CENTER			SPECIFIC LOCATION IN PLANT SCEP	OBJECT LOCATION - COUNTY BAY		
LOCATION STREET ADDRESS 615 BONITA AVE			LOCATION CITY PANAMA CITY	STATE FL	ZIP 32401	
TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER		YEAR BUILT 2009		MANUFACTURER CLEAVER BR		
USE <input checked="" type="checkbox"/> POWER <input type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER			FUEL Natural Gas	METHOD OF FIRING Burner	PRESSURE TESTED <input type="radio"/> YES <input checked="" type="radio"/> NO	
PRESSURE ALLOWED THIS INSPECTION 150 PREV INSP 150		SAFETY - RELIEF VALVES SET AT 150 TOTAL CAPACITY 17,421,00 BTUs Per Hour			OBJECT CAPACITY 16,329,00i BTUs	
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.

S STAMP. NO ADVERSE CONDITIONS NOTED.

RECEIVED
JUL 27 2017

REQUIREMENTS: (List Code Violations)

BY: _____

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED
ALLEN JOHNSON

CONTACT PHONE (850) 747-6567

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION
INSPECTOR NAME Jason Rogers

SIGNATURE OF INSPECTOR

IDENT. NO
15-000023

EMPLOYED BY
HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265