

**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>11/03/2017</b>	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number <b>124205</b>	Nat'l Bd. No. <b>252490</b>	Other No.
Owner <b>Holy Comforter</b>			Nature Of Business <b>School</b>		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 <b>2001 Fleischmann Rd</b>			Owner City <b>Tallahassee</b>		State <b>FL</b>	Zip <b>32308-0561</b>
User Name - Object Location <b>Holy Comforter</b>			Specific Location in Plant <b>Boiler Room 10</b>		Object Location - County <b>Leon</b>	
User Street Address <b>2001 Fleischmann Rd</b>			User City <b>Tallahassee</b>		State <b>FL</b>	Zip <b>32308-0561</b>
Type <b>Water Tube</b>		Year Built <b>2008</b>	Manufacturer <b>Ray Pak</b>			
Use <b>Hot Water Heating</b>			Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>160</b> psi	Prev. Inspection <b>160</b> psi	Safety Relief Valves Set At <b>60</b> psi	Total Capacity <b>1566000 BTU/HR</b>	Heating Surface and/or BTU <b>135 sq ft / 1352000 BTU/hr</b>	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PSI DATE		
<p><b>CONDITIONS:</b> 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><b>ASME "H" No adverse conditions found. Maintenance log available for review and current.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
<p>Name and Title of Person To Whom Requirements Were Explained Charlie Williams/Maint/850-284-3537</p> <p>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</p> <p><i>Michael R. Barnhart</i></p>						
Inspector Name <b>Michael Barnhart</b>		Ident. No. <b>FL-12-000020 NB-12822</b>		Employed By <b>Travelers</b>		Ident. No. <b>30199797</b>

**RECEIVED**  
NOV 16 2017  
BY: \_\_\_\_\_

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