


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

MAR 26 2018

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 03/16/2018	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 023104	Nat'l Bd. No. 19613	Other No. 19613
Owner Florida School for Deaf & Blind		Nature Of Business Schools and Educational		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 207 San Marco Ave		Owner City St Augustine		State FL	Zip 32084-2762	
User Name - Object Location Florida School for the Deaf and Blind (SOF)		Specific Location in Plant Kirk Mem Room 124		Object Location - County Saint Johns		
User Street Address 207 San Marco Ave		User City St Augustine		State FL	Zip 32084-2762	
Type Electric	Year Built 2011		Manufacturer Precision			
Use Process		Fuel Electric	Method of Firing Electricity	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 100	This Inspection 100 psi	Prev. Inspection 100 psi	Safety Relief Valves Set At 100 psi	Total Capacity 644 LB/HR		Heating Surface and/or BTU 630 BTU/hr
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>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>Issue certificate for internal inspection. Construction of boiler allows for internal inspections. No adverse conditions were found.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Guy Maltese						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name Henry Torres		Ident. No. FL-17-001641 NB-15428		Employed By OneCIS Insurance Company		Ident. No. 30284268

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