



**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE PREVENTION  
BOILER SAFETY PROGRAM**

JUL 18 2018

**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 06/20/2018	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO	FOLLOW UP? <input checked="" type="radio"/> YES <input type="radio"/> NO	JURISDICTION NUMBER FL069728	NATL BOARD NO 24629	OTHER NO
OWNER BAYCARE HEALTH SYSTEMS, INC.				NATURE OF BUSINESS CONVALESCENT & NURSING HOM	KIND OF INSP. <input type="radio"/> INT <input checked="" type="radio"/> EXT	CERT INSP? <input type="radio"/> YES <input checked="" type="radio"/> NO
OWNER STREET ADDRESS 16255 BAY VISTA DR				OWNERS CITY CLEARWATER	STATE FL	ZIP 33760
USER NAME - OBJECT LOCATION MADONNA PTAK REHAB CENTER				SPECIFIC LOCATION IN PLANT BLRM	OBJECT LOCATION - COUNTY PINELLAS	
LOCATION STREET ADDRESS 400 CORBETT ST				LOCATION CITY CLEARWATER	STATE FL	ZIP 33756
TYPE <input type="checkbox"/> FT <input checked="" type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER			YEAR BUILT 1992	MANUFACTURER LOCH		
USE <input type="checkbox"/> POWER <input type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input checked="" 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 160		PREV INSP 160		SAFETY - RELIEF VALVES SET AT 150		TOTAL CAPACITY 1912 Pounds Per Hour
				OBJECT CAPACITY 87 sf Heating Surface		
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.

A PRESSURE GAGE WITH AN ADEQUATE RANGE HAS BEEN INSTALLED. PLEASE CLEAR PREVIOUS CODE VIOLATION. NO ADVERSE CONDITIONS NOTED.

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

GEORGE WELLS

CONTACT PHONE (727) 462-7600

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Daniel Humenick

SIGNATURE OF INSPECTOR

*Daniel B. Humenick*

IDENT. NO

518

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265