


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

DEC 06 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 11/28/2018	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 085935	Nat'l Bd. No. 6312	Other No. H89 6312
Owner Jefferson Correctional Institution (SOF)			Nature Of Business Nonclassifiable Establishments		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 1050 Big Joe Rd			Owner City Monticello		State FL	Zip 32344-5188
User Name - Object Location Jefferson Correctional Institution (SOF)			Specific Location in Plant G-Dorm		Object Location - County Jefferson	
User Street Address 1050 Big Joe Rd			User City Monticello		State FL	Zip 32344-5188
Type Coil		Year Built 1989	Manufacturer AO Smith			
Use Hot Water Heating			Fuel Propane	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 160	This Inspection 160 psi	Prev. Inspection 160 psi	Safety Relief Valves Set At 30 psi	Total Capacity 1300000 BTU/HR	Heating Surface and/or BTU 40.6 sq ft / 670000 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		
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.						
REQUIREMENTS: (List of Code Violations) None Required						
Name and Title of Person To Whom Requirements Were Explained Sgt. Sheena Hodge						
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**