


**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>12/13/2018</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>123410</b>	Nat'l Rd. No. <b>2196</b>	Other No. <b>020908262</b>
Owner <b>UCF Lake Nona Campus - Vendors Payable</b>			Nature Of Business <b>University</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>PO Box 163555</b>			Owner City <b>Orlando</b>		State <b>FL</b>	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
User Name - Object Location <b>UCF College of Medicine</b>			Specific Location in Plant <b>Bldg. 1002 Mech. Rm. 195</b>		Object Location - County <b>Orange</b>	
User Street Address <b>6850 Lake Nona Blvd</b>			User City <b>Orlando</b>		State <b>FL</b>	Zip <b>32827-7408</b>
Type * <b>Water Tube</b>			Year Built <b>2009</b>	Manufacturer <b>Camus</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 Allowed <b>160</b>	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At <b>150</b>	psi	Total Capacity <b>3655000 BTU/HR</b>	Heating Surface and/or BTU <b>177 sq ft / 3500000 BTU/hr</b>
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				PSI DATE <input checked="" type="checkbox"/> No		
<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>ONE OF TWO CVs CLEARED- R/V of insufficient capacity has been replaced with one of 3,655,000 btu capacity. R/V is still mounted horizontally however and this violation is still open. *****NOTE: This DOES NOT PRINT again in the REQUIREMENTS section below due to limitations in the JOL reporting system.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
Name and Title of Person To Whom Requirements Were Explained Nathan Fields, Planner/Scheduler						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name <b>Thomas Dragon</b>		Ident. No. <b>FL602 NB-9025</b>		Employed By <b>Chubb</b>		Ident. No. <b>30199789</b>

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