



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

MAR 12 2019

**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 02/27/2019	CERT EXP DATE	CERT POSTED ● YES ○ NO	FOLLOW UP? ○ YES ● NO	JURISDICTION NUMBER FL019808	NATL BOARD NO 12569	OTHER NO
OWNER BAYCARE HEALTH SYSTEMS, INC.				NATURE OF BUSINESS HOSPITALS	KIND OF INSP. ● INT ○ EXT	CERT INSP? ● YES ○ NO
OWNER STREET ADDRESS 16255 BAY VISTA DR				OWNERS CITY CLEARWATER	STATE FL	ZIP 33760
USER NAME - OBJECT LOCATION ST ANTHONYS HOSPITAL EMERGENCY R				SPECIFIC LOCATION IN PLANT BOILER ROOM	OBJECT LOCATION - COUNTY PINELLAS	
LOCATION STREET ADDRESS 1200 7TH AVE N				LOCATION CITY ST PETERSBURG	STATE FL	ZIP 33705
TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER			YEAR BUILT 2003	MANUFACTURER CLEAVER BR		
USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER				FUEL Natural Gas	METHOD OF FIRING Burner	PRESSURE TESTED ○ YES ● NO
PRESSURE ALLOWED THIS INSPECTION 150		PREV INSP 150		SAFETY - RELIEF VALVES SET AT 90		OBJECT CAPACITY 6,900,000 BTUs
TOTAL CAPACITY 8,382,000 BTUs						
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? ● YES ○ NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST ○ YES ● 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.

NO ADVERSE CONDITIONS NOTED.

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

BILL SHUMAKER

CONTACT PHONE (727) 825-1157

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Daniel Humenick

SIGNATURE OF INSPECTOR

Daniel B. Humenick

IDENT. NO

5075

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265