

**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* 03/27/2019	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 * 123410	Nat'l Rd. No. 2196	Other No. 020908262	
Owner UCF Lake Nona Campus - Vendors Payable			Nature Of Business University		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address PO Box 163555			Owner City Orlando		State FL	Zip 32816-3555	
User Name - Object Location UCF College of Medicine			Specific Location in Plant Bldg. 1002 Mech. Rm. 195		Object Location - County Orange		
User Street Address 6850 Lake Nona Blvd			User City Orlando		State FL	Zip 32827-7408	
Type * Water Tube			Year Built 2009	Manufacturer Camus			
Use Hot Water Heating			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 160	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At 150	psi	Total Capacity 3655000 BTU/HR	Heating Surface and/or BTU 177 sq ft / 3500000 BTU/hr	
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		
<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>CV - CLEARED. Follow up inspection to that of 11/14/2018, which noted relief valve installed in horizontal position. Relief valve corrected to vertical. Please issue certificate to expire 11/14/2020, which is two years from the initial inspection.</p>							
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>							
Name and Title of Person To Whom Requirements Were Explained Luis Velozo, Maint. Tech.							
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 							
Inspector Name Thomas Dragon			Ident. No. FL602 NB-9025		Employed By Chubb		Ident. No. 30199789

D14-379

10/01/2000