

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

MAY 24 2019

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 05/13/2019	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number 021182	Nat'l Bd. No. 16166	Other No.
Owner VHA Southeast - Bay Medical Center			Nature Of Business General Medical and Surgical		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 615 N. Bonita Ave. (Attn: Sammy Sims, Dir. Facilities)			Owner City Panama City		State FL	Zip 32401-3600
User Name - Object Location Bay Medical Scared Heart Health System			Specific Location in Plant SCEP		Object Location - County Bay	
User Street Address 615 N. Bonita Ave.			User City Panama City		State FL	Zip 32401-3623
Type Fire Tube	Year Built 2009		Manufacturer Cleaver Brooks			
Use Process			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 14404 LB/HR	Heating Surface and/or BTU 2000 sq ft / 13800000 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI DATE _____ <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>No noted conditions</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Dave Shepard						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Gordon King</i>						
Inspector Name Gordon King		Ident. No. FL-530 NB-12281		Employed By FM Global		Ident. No. 30275196

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