## 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**

1								
Date Inspected 01/23/2019		Ficate Posted Follow Up  Yes No Yes		lurisdiction Number 015166	Nat'l Bd. N 5167		ither No. ollywood	
Owner Hollywood Studi	o Theme Park	Nature Of Bu Amusement	siness t and Recreation	Kind of I	nspection Ext	Cert Inspection  Yes No		
Owner Street Addr 271 N World Driv	ess			Sta FL	ate	Zip 32830		
User Name - Object Hollywood Studi		Specific Location in Plant Object Loc Epic Theatre Orange			ject Locatio	on - County		
User Street Addres	ss			Sta FL		Zip 32830-1000		
Type Fire Tube		Year Built 1998	Manufacturer Hurst		<u> </u>		0.000	
Use	·	Fuel Method of Firing Pressure Gage Tested						
Process			Natural Gas Automatic			☐Yes ✓No		
Pressure This Ins Allowed 150	psi <b>150</b>	psi <b>150</b>	/alves Set At psi	Total Capacity 1651 LB/HR		Heating S	Surface and/or BTU	
Is condition of obje	ct such that a certificate i	may be issued? ☑Ye	s No	Hydro Test	PSI I	DATE	✓No	
	· · · · · · · · · · · · · · · · · · ·							
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.								
showed no sig	gns of overheating a with no abnormal c	g, fittings, attachment and the refractory was conditions noted. Safe ern used for the start	found to be ety valves n	e in good condition	n. LWCO's	s were di	sassembled	
REQUIREMENTS: (List of Code Violations)								
None Require	d							
Name and Title of Rick Polte, Planne	Person To Whom Required Work Specialist	ements Were Explained						
	<u> </u>	ORT OF MY INSPECTION			·			
Inspector Name		Ident. No.	<u> </u>	Employed By			Ident. No.	
Joseph Guinto		FL-127 NB-11858		FM Global	<del>.</del>		30199775	

D14-379 10/01/2000