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

NOV 16 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	CERT EXP DATE	CERT POSTED	FOLLOW UP?	JURISDICTION NUMBER	NATL BOARD NO	OTHER NO
10/28/2019		● YES ○ NO	○ YES ● NO	FL124205	252490	

OWNER	NATURE OF BUSINESS	KIND OF INSP.	CERT INSP?
HOLY COMFORTER SCHOOL INC	SCHOOLS (NO COLLEGE)	○ INT ● EXT	● YES ○ NO

OWNER STREET ADDRESS	OWNERS CITY	STATE	ZIP
2001 FLEISCHMANN RD	TALLAHASSEE	FL	32308

USER NAME - OBJECT LOCATION	SPECIFIC LOCATION IN PLANT	OBJECT LOCATION - COUNTY
HOLY COMFORTER SCHOOL INC	BLRM BLDG 10	LEON

LOCATION STREET ADDRESS	LOCATION CITY	STATE	ZIP
2001 FLEISCHMANN RD	TALLAHASSEE	FL	32308

TYPE	YEAR BUILT	MANUFACTURER
☐ FT ☑ WT ☐ CI ☐ OTHER	2008	RAYPAK

USE	FUEL	METHOD OF FIRING	PRESSURE TESTED
☐ POWER ☐ PROCESS ☐ STEAM HTG ☑ HWH ☐ HWS ☐ OTHER	Natural Gas	Burner	○ YES ● NO

PRESSURE ALLOWED	SAFETY - RELIEF VALVES	OBJECT CAPACITY
THIS INSPECTION 160 PREV INSP 160	SET AT 60 TOTAL CAPACITY 1566000 BTUs	1352000 BTUs

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?	HYDRO TEST
● YES ○ NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)	○ 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.

H STAMP. NO ADVERSE CONDITIONS NOTED.

REQUIREMENTS: (List Code Violations)

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED
CHARLES WILLIAMS

CONTACT PHONE (850) 284-3537 cell

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION
INSPECTOR NAME Jason Rogers

SIGNATURE OF INSPECTOR

IDENT. NO
15-000023

EMPLOYED BY
HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265

DI4-379,
10-1-2000