



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

**FEB 26 2020**

**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 02/14/2020	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO	FOLLOW UP? <input checked="" type="radio"/> YES <input type="radio"/> NO	JURISDICTION NUMBER FL018817	NATL BOARD NO 11405	OTHER NO
OWNER XENIA HOTEL & RESORTS, INC.				NATURE OF BUSINESS HOTELS & MOTELS	KIND OF INSP. <input checked="" type="radio"/> INT <input type="radio"/> EXT	CERT INSP? <input checked="" type="radio"/> YES <input type="radio"/> NO
OWNER STREET ADDRESS 200 S ORANGE AVE STE 2700				OWNERS CITY ORLANDO	STATE FL	ZIP 32801
USER NAME - OBJECT LOCATION GRAND CYPRESS				SPECIFIC LOCATION IN PLANT STEAM BLRM	OBJECT LOCATION - COUNTY ORANGE	
LOCATION STREET ADDRESS 1 GRAND CYPRESS				LOCATION CITY ORLANDO	STATE FL	ZIP 32836
TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER			YEAR BUILT 2009	MANUFACTURER SELLERS		
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 <input type="radio"/> YES <input checked="" type="radio"/> NO	
PRESSURE ALLOWED THIS INSPECTION 150		SAFETY - RELIEF VALVES SET AT 150			OBJECT CAPACITY 2,760,000 BTUs	
PREV INSP 150				TOTAL CAPACITY 4,238		Pounds Per Hour
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? <input checked="" type="radio"/> YES <input type="radio"/> NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <input type="radio"/> YES <input checked="" type="radio"/> 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. ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.

REQUIREMENTS: (List Code Violations)

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED  
ENRIQUE FORERO

CONTACT PHONE (407) 765-5259

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION  
INSPECTOR NAME Joshua Richards

SIGNATURE OF INSPECTOR

IDENT. NO  
0022

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265