

**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 05/29/2020	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number 069728	Nat'l Bd. No. 24629	Other No.
Owner Madonna Ptak Morton Plant Rehab. Center			Owner Email		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 400 Corbett St			Owner City Belleair		State FL	Zip 33756-3344
User Name - Object Location Madonna Ptak Morton Plant Rehab. Center			Nature Of Business Medical Center		Object Location - County Pinellas	
User Street Address 400 Corbett St Rm Blr			User City Belleair		State FL	Zip 33756-3344
Type Water Tube	ASME Code Stamp H	Year Built 1992	Manufacturer Lochinvar			
Specific Location in Plant BLRM		Use Hot Water Supply	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 1912000 BTU/HR	Heating Surface and/or BTU 87 sq ft
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		

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.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
George Wells, Maintenance Supervisor

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Victor R. Casada

Inspector Name Victor Casada	Ident. No. FL516 NB-10971	Employed By Zurich American Insurance Co	Ident. No. 30199766
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**D14-379
10/01/2000**