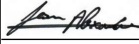


**DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

Boiler - Fired Pressure Vessel Change of Status

Date Inspected 11/05/2020	Cert. Exp Date 11/14/2020	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner No. B-2	Jurisdiction Number 123410	Nat'l Bd. No. 2196	Other No. 020908262
Owner UCF Vendors Payable			Nature of Business University		Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address PO Box 163555			Owner City Orlando		State FL	Zip 32816-3555
User Name - Object Location UCF College of Medicine			Specific Location in Plant Bldg. 1002 Mech. Rm. 195		Object Location - County Orange	
User Street Address 6850 Lake Nona Blvd			User City Orlando		State FL	Zip 32827-7408
Type Water Tube		Year Built 2009	Manufacturer Camus			
Use Hot Water Heating			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At psi	Total Capacity		Heating Surface and/or BTU 177 sq ft 3500000 BTU/hr
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) <input type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes _____ PSI DATE _____ <input 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>Object status changed from A - Active to VS - Voluntarily Shutdown. Boiler shut down f for repairs. Power and gas disconnected.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p>						
Name and Title of Person to Whom Requirements Were Explained						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION						
Inspector Name 			Ident. No. FL-826 NB-16597		Employed By Chubb	
Jean Alexandre			FL-826 NB-16597		30199789	