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	Cert. Exp Date	Certificate Posted	Follow Up Inspection	Jurisdiction Number	Nat'l Bd. No.	Other No.
12/28/2020		☑ Yes ☐ No	☐ Yes ☑ No	**085935**	**6312**	**H89 6312**

Owner	Owner Email	Kind of Inspection	Cert Inspection
Jefferson Correctional Institution (SOF)		☐ Int ☑ Ext	☑ Yes ☐ No

Owner Street Address	Owner City	State	Zip
1050 Big Joe Rd	**Monticello**	**FL**	**32344-5188**

User Name - Object Location	Nature Of Business	Object Location - County
Jefferson Correctional Institution (SOF)	**Nonclassifiable Establishments**	**Jefferson**

User Street Address	User City	State	Zip
1050 Big Joe Rd	**Monticello**	**FL**	**32344-5188**

Type	ASME Code Stamp	Year Built	Manufacturer
Coil	**H**	**1989**	**AO Smith**

Specific Location in Plant	Use	Fuel	Method of Firing	Pressure Gage Tested
G-Dorm	**Hot Water Heating**	**Propane**	**Automatic**	☐ Yes ☑ No

Pressure Allowed	This Inspection	Prev. Inspection	Safety Relief Valves Set At	Total Capacity	Heating Surface and/or BTU
	160 psi	**160** psi	**30** psi	**1300000 BTU/HR**	**40.6 sq ft / 670000 BTU/hr**

Is condition of object such that a certificate may be issued? (If No, explain fully under condition) ☑ Yes ☐ No

Hydro Test ☐ Yes _____ PSI 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.

No signs of damage or leaks. Boiler appears to be operating properly.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Athony Shiver

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name	Ident. No.	Employed By	Ident. No.
Charles J. Schindler	**FL-606 NB-11697**	**Liberty Mutual Insurance Co**	**30199794**

D14-379
10/01/2000