

**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 <b>09/02/2021</b>	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 <b>094666</b>	Nat'l Bd. No. <b>14995</b>	Other No. <b>OL 105868</b>
Owner <b>Advent Health Daytona Beach</b>			Owner Email <b>jerry.steinbarger@adventhealth.com</b>		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 <b>301 Memorial Medical Pkwy</b>			Owner City <b>Daytona Beach</b>		State <b>FL</b>	Zip <b>32117-5167</b>
User Name - Object Location <b>Advent Health Daytona Beach</b>			Nature Of Business <b>General Medical and Surgical</b>		Object Location - County <b>Volusia</b>	
User Street Address <b>301 Memorial Medical Pkwy.</b>			User City <b>Daytona Beach</b>		State <b>FL</b>	Zip <b>32117-5167</b>
Type <b>Fire Tube</b>	ASME Code Stamp <b>H</b>	Year Built <b>2007</b>	Manufacturer <b>Cleaver Brooks</b>			
Specific Location in Plant <b>CEP BLRM</b>		Use <b>Hot Water Heating</b>	Fuel <b>Oil and Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>125</b>	This Inspection <b>125</b> psi	Prev. Inspection <b>125</b> psi	Safety Relief Valves Set At <b>125</b> psi	Total Capacity <b>19830847 BTU/HR</b>	Heating Surface and/or BTU <b>10350000 BTU/hr</b>	
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		
<p><b>CONDITIONS:</b> 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><b>No adverse conditions observed.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
Name and Title of Person To Whom Requirements Were Explained Tony Jenne, Engineering Technician						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Victor R. Casada</i>						
Inspector Name <b>Victor Casada</b>		Ident. No. <b>FL-0516 NB-10971</b>		Employed By <b>Zurich American Insurance Co</b>		Ident. No. <b>30199766</b>

**D14-379**

**10/01/2000**