

**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 09/01/2021	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 019351	Nat'l Bd. No. 5133	Other No. 64S431570 (#2)	
Owner South Miami Hospital			Owner Email jamesn@baptisthealth.net		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address 6200 SW 73rd St			Owner City South Miami		State FL	Zip 33143-4679	
User Name - Object Location South Miami Hospital			Nature Of Business General Medical and Surgical		Object Location - County Miami-Dade		
User Street Address 6200 SW 73rd St			User City South Miami		State FL	Zip 33143-4679	
Type Water Tube	ASME Code Stamp S	Year Built 2003	Manufacturer Miura				
Specific Location in Plant BLRM - 2nd FL		Use Process	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 170	This Inspection 170 psi	Prev. Inspection 170 psi	Safety Relief Valves Set At 150 psi	Total Capacity 4234 LB/HR	Heating Surface and/or BTU 199 sq ft / 2588000 BTU/hr		
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 PSI DATE <input checked="" 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>External inspection performed. All associated piping, fittings and attachments were found to be in good condition. No leaks or adverse conditions noted.</p>							
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>							
Name and Title of Person To Whom Requirements Were Explained James Sosa, Tech II							
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Joseph C. Guinto</i>							
Inspector Name Joseph Guinto		Ident. No. FL-0127 NB-11858		Employed By FM Global		Ident. No. 30275196	

**D14-379
10/01/2000**