

**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 09/09/2021	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number 021182	Nat'l Bd. No. 16166	Other No.	
Owner Medxcel			Owner Email joel.mooney@medxcel.com		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 615 N. Bonita Ave.			Owner City Panama City		State FL	Zip 32401-3623	
User Name - Object Location Ascension Health Alliance Bay Medical Sacred Heart			Nature Of Business General Medical and Surgical		Object Location - County Bay		
User Street Address 615 N. Bonita Ave.			User City Panama City		State FL	Zip 32401-3623	
Type Fire Tube	ASME Code Stamp S	Year Built 2009	Manufacturer Cleaver Brooks				
Specific Location in Plant SCEP		Use Process	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pressure Allowed 150	This Inspection psi	Prev. Inspection 150	Safety Relief Valves Set At psi	Total Capacity 17421 LB/HR		Heating Surface and/or BTU 2000 sq ft / 13800000 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test <input checked="" type="checkbox"/> Yes <input 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.

Leaking tubes were rolled with successful hydro/ tube leak Violation closed

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Joel Mooney

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name <i>Gordon King</i>	Ident. No. FL-0530 NB-12281	Employed By FM Global	Ident. No. 30275196
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**D14-379
10/01/2000**