

**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* 11/13/2020	Cert. Exp Date*	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number * 132508	Nat'l Bd. No. 20882	Other No.
Owner * Lake Tribe Brewing LLC			Owner Email cross@architects-gca.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 * 3357 Garber Dr Unit 4			Owner City * Tallahassee		State fl	Zip 32303-1123
User Name - Object Location Lake Tribe Brewing LLC			Nature Of Business* Manufacturer		Object Location - County Leon	
User Street Address 3357 Garber Dr Unit 4			User City Tallahassee		State * FL	Zip 32303-1123
Type * Fire Tube	ASME Code Stamp * H	Year Built 2015	Manufacturer Hurst			
Specific Location in Plant * Outside		Use * Process	Fuel * Natural Gas	Method of Firing * Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 15	This Inspection * psi	Prev. Inspection 15	Safety Relief Valves Set At * psi	Total Capacity * 3164 LB/HR	Heating Surface and/or BTU 55 sq ft / 518000 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		

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.

Boiler testing has been accomplished, no further adverse conditions found.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Mr. Ross/Owner/850-443-2907

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name Michael Barnhart	Ident. No. FL-0020 NB-12822	Employed By Travelers	Ident. No. 30199797
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**D14-379
10/01/2000**