

**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* 01/24/2022	Cert. Exp Date*	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number * 003185	Nat'l Bd. No. 6142	Other No.
Owner * Bardmoor Outpatient Center			Owner Email christopher.waincott@baycare.org		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address * 8787 Bryan Dairy Rd			Owner City * Largo		State FL	Zip 33777-1251
User Name - Object Location Bardmoor Outpatient Center			Nature Of Business* Medical Center		Object Location - County Pinellas	
User Street Address 8787 Bryan Dairy Rd			User City Largo		State * FL	Zip 33777-1251
Type * Fire Tube	ASME Code Stamp * E	Year Built 2014	Manufacturer Chromalox			
Specific Location in Plant * OPERATING ROOM		Use * Process	Fuel * Electric	Method of Firing * Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 100	This Inspection * psi	Prev. Inspection 100 psi	Safety Relief Valves Set At * 100 psi	Total Capacity * 423 LB/HR	Heating Surface and/or BTU 105000 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		
<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>Violation cleared. No adverse conditions observed.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Chris Waincott, Engineering						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Victor R. Casada</i>						
Inspector Name Victor Casada		Ident. No. FL-0516 NB-10971		Employed By Zurich American Insurance Co		Ident. No. 30199766

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