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	Cert. Exp Date	Certificate Posted	Follow Up Inspection	Jurisdiction Number	Nat'l Bd. No.	Other No.
01/24/2022		☑ Yes ☐ No	☐ Yes ☑ No	**003185**	**6142**	

Owner	Owner Email	Kind of Inspection	Cert Inspection
Bardmoor Outpatient Center	**christopher.wainscott@baycare.org**	☐ Int ☑ Ext	☑ Yes ☐ No

Owner Street Address	Owner City	State	Zip
8787 Bryan Dairy Rd	**Largo**	**FL**	**33777-1251**

User Name - Object Location	Nature Of Business	Object Location - County
Bardmoor Outpatient Center	**Medical Center**	**Pinellas**

User Street Address	User City	State	Zip
8787 Bryan Dairy Rd	**Largo**	**FL**	**33777-1251**

Type	ASME Code Stamp	Year Built	Manufacturer
Fire Tube	**E**	**2014**	**Chromalox**

Specific Location in Plant	Use	Fuel	Method of Firing	Pressure Gage Tested
OPERATING ROOM	**Process**	**Electric**	**Automatic**	☐ Yes ☑ No

Pressure Allowed	This Inspection	Prev. Inspection	Safety Relief Valves Set At	Total Capacity	Heating Surface and/or BTU
	100 psi	**100** psi	**100** psi	**423 LB/HR**	**105000 BTU/hr**

Is condition of object such that a certificate may be issued? (If No, explain fully under condition) ☑ Yes ☐ No

Hydro Test ☐ Yes _____ PSI DATE _____ ☑ 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.

No adverse conditions observed.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Chris Wainscott, Engineering

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Victor R. Casada

Inspector Name	Ident. No.	Employed By	Ident. No.
Victor Casada	**FL-0516 NB-10971**	**Zurich American Insurance Co**	**30199766**

D14-379
10/01/2000