DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM

Boiler-Fired Pressure Vessel
REPORT OF INSPECTION

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

DATE INSPECTED	CERT EXP DATE	CERT POSTED	FOLLOW UP ?	JURISDICTION NUMBER	NATL BOARD NO	OTHER NO
02/17/2022		● Yes ○ No	○ Yes ● No	FL018817	11405	

OWNER	NATURE OF BUSINESS	KIND OF INSP.	CERT INSP ?
XENIA HOTEL & RESORTS, INC.	HOTELS & MOTELS	● INT ○ EXT	● Yes ○ No

OWNER STREET ADDRESS	OWNERS CITY	STATE	ZIP
200 S ORANGE AVE STE 2700	ORLANDO	FL	32801

USER NAME - OBJECT LOCATION	SPECIFIC LOCATION IN PLANT	OBJECT LOCATION - COUNTY
GRAND CYPRESS	STEAM BLRM	ORANGE

LOCATION STREET ADDRESS	LOCATION CITY	STATE	ZIP
1 GRAND CYPRESS BLVD	ORLANDO	FL	32836

TYPE	YEAR BUILT	MANUFACTURER
☑ FT ☐ WT ☐ CI ☐ OTHER	2009	SELLERS

USE	FUEL	METHOD OF FIRING	PRESSURE TESTED
☐ POWER ☑ PROCESS ☐ STM HTG ☐ HWH ☐ HWS ☐ OTHER	Natural Gas	Burner	○ Yes ● No

PRESSURE ALLOWED	SAFETY - RELIEF VALVES	OBJECT CAPACITY
THIS INSPECTION 150 PREV INSP 150	SET AT 150 TOTAL CAPACITY 4,238 Pounds Per Hour	2,760,000 BTUs

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED ?	HYDRO TEST
● Yes ○ No (IF NO EXPLAIN FULLY UNDER CONDITIONS)	○ Yes ● No PSI Date

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 condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

NO ADVERSE CONDITONS NOTED

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

MIKE CARDWELL

CONTACT PHONE (407) 284-0652

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Bob Voisinet

SIGNATURE OF INSPECTOR	IDENT. NO	EMPLOYED BY
Robert C. Voisinet	21-000887	HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265