

**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* <b>04/12/2022</b>	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 * <b>019808</b>	Nat'l Bd. No. <b>12569</b>	Other No. <b>OL102888</b>
Owner * <b>St. Anthony's Hospital</b>			Owner Email <b>william.shumaker@baycare.org</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address * <b>1200 7th Ave N</b>			Owner City * <b>St Petersburg</b>		State <b>FL</b>	Zip <b>33705-1300</b>
User Name - Object Location <b>St. Anthony's Hospital</b>			Nature Of Business* <b>Medical Center</b>		Object Location - County <b>Pinellas</b>	
User Street Address <b>1200 7th Ave N</b>			User City <b>St Petersburg</b>		State * <b>FL</b>	Zip <b>33705-1300</b>
Type * <b>Fire Tube</b>	ASME Code Stamp * <b>S</b>	Year Built <b>2003</b>	Manufacturer <b>Cleaver Brooks</b>			
Specific Location in Plant * <b>BLR RM</b>		Use * <b>Power</b>	Fuel * <b>Oil and Gas</b>	Method of Firing * <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>150</b>	This Inspection * <b>150</b>	psi	Prev. Inspection <b>150</b>	psi	Safety Relief Valves Set At * <b>90</b>	psi
				Total Capacity * <b>8354 LB/HR</b>	Heating Surface and/or BTU <b>1000 sq ft / 6900000 BTU/hr</b>	
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.

**Primary (float-type) and auxiliary (float-type) LWFCO controls tested satisfactorily. Flame failure device and low-gas pressure switch also tested satisfactorily. No adverse conditions noted. Request certificate be issued.**

**REQUIREMENTS:** (List of Code Violations)

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Bill Shumaker, Boiler Operator

**I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

*Victor R. Casada*

Inspector Name <b>Victor Casada</b>	Ident. No. <b>FL-0516 NB-10971</b>	Employed By <b>Zurich American Insurance Co</b>	Ident. No. <b>30199766</b>
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**D14-379  
10/01/2000**