

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 Change of Status

Date Inspected 06/13/2022	Cert. Exp Date 05/29/2022	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner No.	Jurisdiction Number 069728	Nat'l Bd. No. 24629	Other No.	
Owner Madonna Ptak Morton Plant Rehab. Center			Nature of Business Medical Center		Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 400 Corbett St			Owner City Belleair		State FL	Zip 33756-3344	
User Name - Object Location Madonna Ptak Morton Plant Rehab. Center			Specific Location in Plant BLRM		Object Location - County Pinellas		
User Street Address 400 Corbett St			User City Belleair		State FL	Zip 33756-3344	
Type Water Tube		Year Built 1992	Manufacturer Lochinvar				
Use Hot Water Supply			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pressure Allowed	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At psi	Total Capacity		Heating Surface and/or BTU 87 sq ft	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) <input type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes _____ PSI DATE _____ <input 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>Object status changed from A - Active to R - Removed.</p>							
<p>REQUIREMENTS: (List of Code Violations)</p>							
Name and Title of Person to Whom Requirements Were Explained							
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION							
Inspector Name <i>Victor R. Casada</i>			Ident. No. FL-0516 NB-10971		Employed By Zurich American Insurance Co		Ident. No. 30199766