

**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 06/13/2022	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number 138329	Nat'l Bd. No. 362588	Other No. 121870723
Owner Bardmoor Outpatient Center			Owner Email christopher.waincott@baycare.org		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 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 H	Year Built 2020	Manufacturer Lochinvar			
Specific Location in Plant Penthouse		Use Hot Water Heating	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 160	This Inspection 160 psi	Prev. Inspection 160 psi	Safety Relief Valves Set At 150 psi	Total Capacity 3070000 BTU/HR	Heating Surface and/or BTU 241 sq ft / 2500000 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PSI DATE		
<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>The purpose of this visit was to follow-up on the previously issued Code Violations. These have now been corrected.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Ernie Elvira, Facilities Manager						
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