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

								, post of mo				
Date Inspected 07/14/2022	Cert. Exp Dat		icate Pos Yes	sted No	Follow Up	Inspection ✓ No	1	sdiction Number 6626	Nat'l Bo 30178		0	ther No.
Owner					Owner E	mail			Kind	of Inspe	ection	Cert Inspection
InTown Suites					tammy.	church@in	town	suites.com		Int [∠ Ext	✓ Yes No
Owner Street Address							Owner City			State Zip		Zip
980 Hammond Dr Ste 500						Atlanta				GA 30328-8186		30328-8186
User Name - Objec	Nature Of Business				Object Location - County							
InTown Suites	Hotel				Orange							
User Street Address 1951 Central Florida Pkwy						User City Orlando				State FL		Zip 32837-9291
Type ASME Code Stamp Year Built						Manufactur	er					
Water Tube		Н			2020	Laars						
Specific Location in	Plant		Use			Fuel		Method of Fir	ing	Pi	essure	Gage Tested
Boiler Room			Hot Wa	ater Su	pply	Natural G	as	Automatic			Y	∕es ✓ No
Pressure This Insp	ection	Prev. Insp	ection	Saf	ety Relief V	alves Set At		tal Capacity		H	eating S	Surface and/or BTU
Allowed 160	psi	160	р	si 12	25	p:	3i	2289000 BTU/HR		52	2.6 sq ft	/ 526000 BTU/hr
Is condition of obje	ct such that a	certificate r	nay be is	sued?				Hydro Test				
(If No, explain fully	under condition	n)			✓ Ye	s 🔲 l	Vo	Yes	PS	SI DAT	E	√ No
equipment accinspection, no	Describe any conditions of spection was essibility, a new recon	adverse consetting, lining as compland oper.	eted or ating co	vith resp s, supp n the k onditi	pect to press orts, etc. De poiler. Th ons. Safe	sure gage, water gage, water gage and manager gage and manager gage gage and manager gage gage gage gage gage gage gage	iter co najor c	State condition of all clumn, gage glass, gage changes or repairs matching and control of the co	ge cocks de since v of ma	, safety last ins ainten	valves, pection. ance l	etc. Report
REQUIREMEN	TS: (List of Co	ode Violatio	ns)									
None Required	d											
Name and Title of Person To Whom Requirements Were Explained Tammy Church, Facilities Services Coordinator												
I HEREBY CERTIF	Y THIS IS A	TRUE REP	ORT OF	MY IN	SPECTION							
Inspector Name			Ident. N	0.				Employed By				Ident. No.
Christopher Ada	air				4 NB-1620)5		Chubb				30199789

D14-379 10/01/2000