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

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Date Inspected 08/29/2022	Cert. Exp Date		ate Posted Yes \No	Follow Up		urisdiction Number 135791	Nat'l Bo 25137		Other No.	
Owner	eent - a -	•		Owner E				of Inspection		
GMRI Inc & It's A				licensin	glaw@darde	n.com		Int VExt		
Owner Street Address PO Box 695016					Owner City Orlando			State FL	Zip 32869-5016	
User Name - Object Location					Nature Of Business			Object Local		
Olive Garden #1069					Eating and Drinking Places			Pinellas		
User Street Address					User City		State	Zip		
6700 US Highway 19 N					Pinellas Par	k		FL	33781-6242	
Type Fired Storage Wa		ASME Co	ode Stamp	Year Built 2019	Manufacturer A O Smith					
Specific Location in			Use	2013	Fuel	Method of	Firing	Pressur	e Gage Tested	
Equipment Roon			Hot Water Su	upply	Natural Gas		•	1 100001	Yes No	
Pressure This Inst		ev. Inspe			alves Set At	Total Capacity		Heating	Surface and/or BTU	
Allowed 160		60		50 [°]	psi	2155000 BTU/HF	2	740000		
Is condition of obje	ct such that a cert	tificate ma	ay be issued?	1		Hydro Test		'		
(If No, explain fully	under condition)			✓ Ye	s No	Yes	PS	SI DATE _	✓ No	
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. In-service inspection completed. Boiler shows no signs of leaks or damage. Boiler would to be operating properly to set temperature controls. Relief valve operational.										
REQUIREMEN	TS: (List of Code	Violations	s)							
None Required	d									
Name and Title of I Missy Kalzenmey	er			•						
THEREBY CERTIF	THIS IS A TRU	JE REPO	ORT OF MY IN	ISPECTION						
Inspector Name		I	dent. No.			Employed By			Ident. No.	
Charles J. Schir	ndler		FL-606 NB-	11697		Liberty Mut	ual Insura	ance Co	30199794	