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 12/14/2022	Cert. Exp Date	Certificate Posted ✓ Yes No	Follow Up	Inspection No	Jurisdic 09615	ction Number 62	Nat'l Bd 10306		Other No. J H50.1270	
Owner			Owner E	mail			Kind o	of Inspection	Cert Inspection	
West Palm Beac	h Community Rele	ease Center	jaketta.v	villiams@fo	dc.myfl	orida.com		nt 🗸 Ext	✓ Yes No	
Owner Street Addr	Owner City				State	Zip				
261 Fairgrounds	West Palm Bch				FL	33411-3639				
User Name - Obje	Nature Of Business				Object Location					
West Palm Beac	Rehab Center Palm Beach									
User Street Addres	User City				State	Zip				
261 Fairgrounds Rd				West Palm	Bch			FL	33411-3639	
Type ASME Code Stamp Year Built				Manufacturer					100111111111111111111111111111111111111	
Coil	Ĥ	•	1988	Weben-Ja						
Specific Location in		Use		Fuel Method of F			Firing Pressure Gage Tested			
Men's Work Rele		Hot Water Su	vlaai	Natural Ga	ıs	Automatic	9		Yes ✓ No	
Pressure This Ins				alves Set At		Capacity		Heating	Surface and/or BTU	
Allowed 160	psi 160			ps		70000 BTU/HR		_	ft / 500000 BTU/hr	
Is condition of obje		cate may be issued?				Hydro Test		1 54	117 000000 21 07111	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition) Yes Yes PSI DATE No										
(in the, explain raily article container)										
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										
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.										
Violations 21 - 1.1 DDD INCDEDARI E 21 - 2.1.2 ELOW SWITCH DEVICE INCDEDARI E 21.1.4 A DDD INCDERARI E										
Violations, 21 - 1.1 PRD INOPERABLE, 21 - 2.1.3 FLOW SWITCH DEVICE INOPERABLE. – -21 - 1.1 PRD INOPERABLE – -21 - 2.1.3 FLOW SWITCH DEVICE INOPERABLE										
-ZI - Z.I.JI LOW JWITCH DEVICE INOFERABLE										
I										
REQUIREMEN	ITS: (List of Code Vi	olations)								
-21 - 1.1 PRD	INOPERABLE - I	REF: NBIC PART	2, 2017 2	.5.7.1 - IF	A VAL	VE IS FOUND	TO BE	STUCK CL	.OSED, THE	
		ELY BE TAKEN C								
UNLESS SPE	CIAL PROVISION	NS HAVE BEEN N	MADE TO	OPERATE	E ON A	TEMPORARY	BASIS	S (SUCH AS	3 ADDITIONAL	
RELIEF CAPA	CITY PROVIDED	BY ANOTHER \	VALVE.) T	HE OWNE	R SHA	ALL BE NOTIF	IED AN	ID CORRE	CTIVE ACTION	
SUCH AS REPAIRING OR REPLACING THE INOPERABLE VALVE SHALL BE TAKEN.										
-21 - 2.1.3 FLOW SWITCH DEVICE INOPERABLE - REF: NBIC PART 2, 2017 2.2.10.6 (H) ON FORCED CIRCULATION										
BOILERS, THE FLOW SENSING DEVICE SHALL BE TESTED TO VERIFY THAT THE BURNER WILL SHUT DOWN THE										
BOILER ON A LOSS OF FLOW.										
Name and Title of	Person To Whom R	equirements Were Ex	rnlained							
Lt. Radigan	. S.SOII TO VVIIOIII IN	Squironnonio Weie L/	Apidii iou							
	FY THIS IS & TOLIE	REPORT OF MY IN	SPECTION							
A 11 11	11 10 11/0	KLFOKT OF WIT IN	OF LOTION							
7	hole	1				1=				
Inspector Name		Ident. No.				Employed By			Ident. No.	
Charles J. Schi	ndler	FL-606 NB-1	11697			Liberty Mutua	ıl Insura	nce Co	30199794	