

**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 11/21/2022	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number 019351	Nat'l Bd. No. 5133	Other No. 64S431570 (#2)
Owner South Miami Hospital			Owner Email jamesn@baptisthealth.net		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 6200 SW 73rd St			Owner City South Miami		State FL	Zip 33143-4679
User Name - Object Location South Miami Hospital			Nature Of Business General Medical and Surgical		Object Location - County Miami-Dade	
User Street Address 6200 SW 73rd St			User City South Miami		State FL	Zip 33143-4679
Type Water Tube	ASME Code Stamp S	Year Built 2003	Manufacturer Miura			
Specific Location in Plant BLRM - 2nd FL		Use Process	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 170	This Inspection 170 psi	Prev. Inspection 170 psi	Safety Relief Valves Set At 150 psi	Total Capacity 4234 LB/HR	Heating Surface and/or BTU 199 sq ft / 2588000 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test <input type="checkbox"/> Yes <input checked="" 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>External Inspection performed. All Associated piping, fittings and attachments were observed in good condition. No leaks or adverse conditions noted. Safety devices tested manually with no adverse conditions noted. OK to issue certificate.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Miguel Thomas						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION						
Inspector Name Luis Martos		Ident. No. FL-1549 NB-14491		Employed By FM Global		Ident. No. 30275196

D14-379

10/01/2000