



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

**Boiler-Fired Pressure Vessel
REPORT OF INSPECTION**

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

DATE INSPECTED 03/01/2023	CERT EXP DATE	CERT POSTED ☒ Yes ☐ No	FOLLOW UP ? ☒ Yes ☐ No	JURISDICTION NUMBER FL018817	NATL BOARD NO 11405	OTHER NO
OWNER XENIA HOTEL & RESORTS, INC.				NATURE OF BUSINESS HOTELS & MOTELS	KIND OF INSP. ☒ INT ☐ EXT	CERT INSP ? ☐ Yes ☒ No
OWNER STREET ADDRESS 200 S ORANGE AVE STE 2700				OWNERS CITY ORLANDO	STATE FL	ZIP 32801
USER NAME - OBJECT LOCATION GRAND CYPRESS				SPECIFIC LOCATION IN PLANT STEAM BLRM	OBJECT LOCATION - COUNTY ORANGE	
LOCATION STREET ADDRESS 1 GRAND CYPRESS BLVD				LOCATION CITY ORLANDO	STATE FL	ZIP 32836
TYPE ☒ FT ☐ WT ☐ CI ☐ OTHER			YEAR BUILT 2009	MANUFACTURER SELLERS		
USE ☐ POWER ☒ PROCESS ☐ STM HTG ☐ HWH ☐ HWS ☐ OTHER				FUEL Natural Gas	METHOD OF FIRING Burner	PRESSURE TESTED ☐ Yes ☒ No
PRESSURE ALLOWED THIS INSPECTION 150 PREV INSP 150			SAFETY - RELIEF VALVES SET AT 150 TOTAL CAPACITY 4,238 Pounds Per Hour			OBJECT CAPACITY 2,760,000 BTUs
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED ? ☒ Yes ☐ No (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST ☐ Yes ☒ No PSI Date		

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 condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

INTERNAL INSPECTION AND FOLLOW UP NO ADVERSE CONDITIONS NOTED SAFETY VALVE REPLACED OK TO CLOSE VIOLATION AND ISSUE CERTIFICATE

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

MIKE CARDWELL

CONTACT PHONE (407) 284-0652

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Bob Voisinnet

SIGNATURE OF INSPECTOR

Robert A. Voisinnet

IDENT. NO

21-000887

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265