## 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 03/01/2023	Cert. Exp Date	Certificate Posted  Yes  No		Inspection Jurisdic 13580		tion Number <b>2</b>	Nat'l Bo 37378	!			
Owner Biscayne Bay Campus Owner E				mail n@bayviewfiu.com			_	Kind of Inspection Int VExt		Cert Inspection  ✓ Yes No	
Owner Street Address				Owner City				State Zip		- Ш	
3000 NE 151st St Bldg N10				North Miami				FL 33181-3605		605	
User Name - Object Location				Nature Of Business				Object Location - County			
Biscayne Bay Campus								Miami-Dade			
User Street Address				User City				State Zip			
3000 NE 151st St				North Mia	mi			FL	33181-3605		
Type		ASME Code Stamp	Year Built	Manufactur				<u>                                     </u>	001010		
Water Tube		HLW	2016	SERMETA							
Specific Location in		Use		Fuel	<u>-</u>	Method of Fi	ring	Pressure	e Gage Te	sted	
Mechanical Room		Hot Water S	Supply	Propane		Automatic	ıııg		Yes	∏No	
Pressure This Inspe			afety Relief V		Total	Capacity			Surface ar		
Allowed 160			160	ps		2000 BTU/HR		600000 1		10/01 1010	
		tificate may be issued				Hydro Test		0000001	310/111		
(If No, explain fully u		illicate may be issued	✓Ye	s 🗆	No	Yes	PS	SI DATE		<b>✓</b> No	
								<del></del>			
CONDITIONS:	With respect to the	ne internal surface, des	cribe and state	e location of a	any scale,	oil or other depor	sits. Give	e location and	extent of ar	ny -::l	
		ate whether active or ina t on any defective rivets									
		erse conditions with re									
		ing, linings, baffles, sup									
New thermome	tar has haan	installed recently	Flevible	counling c	n tha a	ir intako was	loose	hut I tighte	aned un	No	
		e object data cha								NO	
			nges in JC	that were	HICOH	ect. Boller cu	irrentiy	not in ope	ration.		
Condensate ne	utralizing tan	ik iooks good.									
REQUIREMENT	S: (List of Code	Violations)									
None Required											
Name and Title of Po	erson To Whom	Requirements Were I	Explained								
Luis Naranjo											
I HEREBY CERTIFY	THIS IS A TRU	JE REPORT OF MY I	NSPECTION								
Simolay L. Pallag											
Inspector Name		Ident. No.				Employed By			Ident. N	lo.	
•			50 ND 40=					0			
Tim Hatley		FL-21-0004	33 NB-127	<b>)</b> 3		Cincinnati Ins	surance	Company	30199	112	