



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

Boiler or Pressure Vessel Data Report
FIRST INSPECTION REPORT

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

1	DATE INSPECTED MO DAY YR 03 09 23	CERT EXP DATE MO YR 03 24	CERTIFICATE POSTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OWNER NO.	JURISDICTION NUMBER FL 19759	NAT'L BD NO. <input checked="" type="checkbox"/>	OTHER NO. <input type="checkbox"/>	
2	OWNER LAKELAND SURGICAL DIAGNOSTIC	NATURE OF BUSINESS Hospital	KIND OF INSPECTION INT <input type="checkbox"/> EXT <input checked="" type="checkbox"/>	CERTIFICATE INSPECTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	OWNER STREET ADDRESS NUMBER 1315	OWNERS CITY LAKELAND	STATE FL	ZIP 33805
3	USER NAME - OBJECT LOCATION LAKELAND SURGICAL DIAGNOSTIC	SPECIFIC LOCATION IN PLANT OR	OBJECT LOCATION - COUNTY POLK	USERS STREET ADDRESS NUMBER 1315	USERS CITY LAKELAND	STATE FL	ZIP 33805	
4	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK <input checked="" type="checkbox"/> OTHER Elec Steam Generator	YEAR BUILT 2013	MANUFACTURER GETTINGE	YEAR INSTALLED 2013	USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG. <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> STORAGE <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER	FUEL (BOILER) Elec	METHOD OF FIRING (BOILER) Elec AUTO	PRESSURE GAGE TESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5	PRESSURE	SAFETY - RELIEF VALVES SET AT 100	EXPLAIN IF PRESSURE CHANGED	THIS INSPECTION 100	PREV INSPECTION			
6	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If no explain fully on back of form listing code violations)						HYDRO TEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PSI DATE
7	SNELL No.	DIAMETER In. ID	OVERALL LENGTH ft. in.	THICKNESS in.	TOTAL HTG SURFACE (BOILER) Sq Ft	MATERIAL ASME Spec Nos		
8	ALLOWABLE STRESS psi	BUTT STRAP Thks	HEADERS - WT BOILERS in.	TYPE Thickness	TYPE <input type="checkbox"/> Box <input type="checkbox"/> Sinuous <input type="checkbox"/> Wtr Wall <input type="checkbox"/> Other	SEAM EFF %		
9	TYPE LONGITUDINAL SEAM <input type="checkbox"/> Lap <input type="checkbox"/> Butt <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Riveted	HEAD THICKNESS in.	HEAD TYPE <input type="checkbox"/> Fixed <input type="checkbox"/> Movable	RADIUS DISH in.	ELLIP RATIO in. X in. X	BOLTING No. Dia.	LIGAMENT EFF %	
10	TUBE SHEET THICKNESS in. No.	TUBES Dia. in.	Length in.	PITCH (WT BLRS) in.	Material	LIGAMENT EFF %		
11	FIE TUBE BOILERS	DISTANCE UPPER TUBES TO SHELL Front in. Rear in.	STAYED AREA Front Head in.	Above Tubes	Rear Head	Above Tubes	Below Tubes	
12	STAYS ABOVE TUBES Front No. Rear No.	TYPE <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Welded <input type="checkbox"/> Weldless	AREA OF STAYS Front Rear					
13	STAYS BELOW TUBES Front No. Rear No.	TYPE <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Welded <input type="checkbox"/> Weldless	AREA OF STAYS Front Rear					
14	FURNACE TYPE Adamson (No. Sect.)	<input type="checkbox"/> Corrugated <input type="checkbox"/> Plain <input type="checkbox"/> Other	THICKNESS in.	TOTAL LENGTH ft.	TYPE LONG SEAM <input type="checkbox"/> Welded <input type="checkbox"/> Riveted <input type="checkbox"/> Seamless	NET AREA sq. in.		
15	SAFETY RELIEF VALVES No. Size	TOTAL CAPACITY Lb/Hr	Cfm	OUTLETS No. Size	PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain on the back of form)			
16	STOP VALVES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ON STEAM LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	ON RETURN LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER CONNECTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	STEAM LINES PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain on the back of form)			
17	FEED PIPE Size in.	FEED APPLIANCE No.	TYPE DRIVE <input type="checkbox"/> Steam <input checked="" type="checkbox"/> Motor	CHECK VALVES <input type="checkbox"/> Yes <input type="checkbox"/> No	FEED LINE	RETURN LINE <input type="checkbox"/> Yes <input type="checkbox"/> No		
18	WATER GAGE GLASS No.	TRY COCKS No.	BLOW OFF PIPE Size in.	INSPECTION OPENINGS COMPLY WITH CODE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain on back of form)				
19	CAST IRON BOILERS Length in. Width in. Height in.	SECTIONS No. No.	DOES WELDING OF STEAM, FEED, BLOWOFF & OTHER PIPING COMPLY WITH CODE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain on the back of form)					
20	SHOW ALL CODES STAMPING ON BACK OF FORM Give details (use sketch) for special objects NOT covered above - such as Double wall vessel, etc.			DOES ALL MATERIAL OTHER THAN AS INDICATED ABOVE COMPLY WITH CODE <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain on back of form)				
21	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED: GREG MARCUM FACILITIES MANAGER							
22	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION Signature of Inspector: <i>Palma Vobas</i>			IDENT. NO. 08871	EMPLOYED BY HARTFORD STEAM Boiler IIC			IDENT. NO. 1111

OTHER CONDITIONS AND REQUIREMENTS

21-8.7.2

NO MDR Available

21-5.5

NO E Stop installed

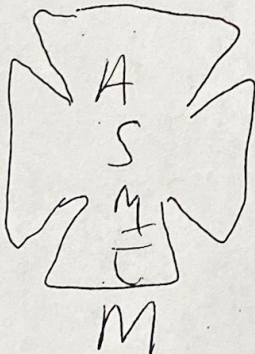
21-9.3.2

Internal inspection req'd

21-8.5.2

Qualified persons needed
to test safety devices/control

CODE STAMPING
(Stamping or name plate data)



NB 68084
Certified by Gettys

30kw

MAWP 100 PSI

S/N 6C-32667-X08