

**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 * <b>02/17/2023</b>	Cert. Exp Date*	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow Up Inspection* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number * <b>015166</b>	Nat'l Bd. No. <b>5167</b>	Other No. <b>Hollywood</b>
Owner * <b>Hollywood Studio Theme Park</b>			Owner Email		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 * <b>271 N World Drive</b>			Owner City * <b>Lake Buena Vista</b>		State <b>FL</b>	Zip <b>32830</b>
User Name - Object Location <b>(WDCo.) Hollywood Studio Theme Park</b>			Nature Of Business* <b>Entertainment Places</b>		Object Location - County <b>Orange</b>	
User Street Address <b>271 N World Dr.</b>			User City <b>Lake Buena Vista</b>		State * <b>FL</b>	Zip <b>32830-1000</b>
Type * <b>Fire Tube</b>	ASME Code Stamp * <b>S</b>	Year Built <b>1998</b>	Manufacturer <b>Hurst</b>			
Specific Location in Plant * <b>Epic Theatre</b>		Use * <b>Process</b>	Fuel * <b>Natural Gas</b>	Method of Firing * <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>150</b>	This Inspection * psi	Prev. Inspection <b>150</b> psi	Safety Relief Valves Set At * <b>150</b> psi	Total Capacity * <b>1651 LB/HR</b>	Heating Surface and/or BTU <b>55 sq ft</b>	
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><b>CONDITIONS:</b> 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><b>External inspection performed. All associated piping, fittings and attachments were found to be in good condition. No leaks or adverse conditions noted. All safety devices tested manually with no adverse conditions noted. OK to issue certificate.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
Name and Title of Person To Whom Requirements Were Explained Rick Polte, Planned Work Specialist						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Joseph C. Guinto</i>						
Inspector Name <b>Joseph Guinto</b>		Ident. No. <b>FL-0127 NB-11858</b>		Employed By <b>FM Global</b>		Ident. No. <b>30275196</b>

**D14-379**

**10/01/2000**