



**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 06/05/2023	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> Yes <input type="radio"/> No	FOLLOW UP ? <input checked="" type="radio"/> Yes <input type="radio"/> No	JURISDICTION NUMBER FL019759	NATL BOARD NO 68084	OTHER NO
OWNER LAKELAND SURGICAL & DIAGNOSTIC CENTER, LLP			NATURE OF BUSINESS DOCTORS (OFFICES)		KIND OF INSP. <input checked="" type="radio"/> INT <input type="radio"/> EXT	CERT INSP ? <input type="radio"/> Yes <input checked="" type="radio"/> No
OWNER STREET ADDRESS 115 S MISSOURI AVE STE 101			OWNERS CITY LAKELAND		STATE FL	ZIP 33815
USER NAME - OBJECT LOCATION LAKELAND SURGICAL AND DIAGNOSTIC			SPECIFIC LOCATION IN PLANT OR 1/2		OBJECT LOCATION - COUNTY POLK	
LOCATION STREET ADDRESS 1315 N FLORIDA AVE			LOCATION CITY LAKELAND		STATE FL	ZIP 33805
TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input checked="" type="checkbox"/> OTHER		YEAR BUILT 2013		MANUFACTURER GETTINGE		
USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER			FUEL Electric		METHOD OF FIRING Electric	
PRESSURE ALLOWED THIS INSPECTION 100 PREV INSP 100			SAFETY - RELIEF VALVES SET AT 100 TOTAL CAPACITY 423 Pounds Per Hour			OBJECT CAPACITY 30 Kilowatts
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED ? <input type="radio"/> Yes <input checked="" type="radio"/> No (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <input type="radio"/> Yes <input checked="" type="radio"/> 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.

ESTOP INSTALLED- CLOSE VIOLATION
INTERNAL INSPECTION COMPLETED W/ NO ADVERSE CONDITIONS -CLOSE VIOLATION
MDR STILL NOT AVAILABLE

REQUIREMENTS: (List Code Violations)

21-8.7.2

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

GARY DAVIS

CONTACT PHONE (863) 660-1932

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Bob Voisinet

SIGNATURE OF INSPECTOR

Robert A. Voisinet

IDENT. NO

21-000887

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265