

**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 06/28/2023	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number 019808	Nat'l Bd. No. 12569	Other No. OL102888
Owner St. Anthony's Hospital			Owner Email william.shumaker@baycare.org		Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address 1200 7th Ave N			Owner City St Petersburg		State FL	Zip 33705-1300
User Name - Object Location St. Anthony's Hospital			Nature Of Business Nonclassifiable Establishments		Object Location - County Pinellas	
User Street Address 1200 7th Ave N			User City St Petersburg		State FL	Zip 33705-1300
Type Fire Tube	ASME Code Stamp S	Year Built 2003	Manufacturer Cleaver Brooks			
Specific Location in Plant BLR RM		Use Power	Fuel Oil and Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 150	This Inspection psi	Prev. Inspection 150	psi	Safety Relief Valves Set At 90	psi	Total Capacity 8354 LB/HR
Heating Surface and/or BTU 1000 sq ft / 6900000 BTU/hr				Is condition of object such that a certificate may be issued? (If No, explain fully under condition)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>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 conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.</p> <p>Fireside surfaces inspected satisfactorily. Minor evidence of soot was observed. Waterside surfaces inspected satisfactorily. A uniform coating of thin scale was observed. Code required safety controls and devices installed satisfactorily. No adverse conditions noted. Request certificate continuance.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Reps from Thermal Tech						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Victor R. Casada</i>						
Inspector Name Victor Casada		Ident. No. FL-0516 NB-10971		Employed By Zurich American Insurance Co		Ident. No. 30199766

**D14-379
10/01/2000**