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

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Date Inspected 11/17/2023	Cert. Exp Date	Certificate Posted ☐ Yes ✓ No	Follow Up	Inspection ✓ No	01935 1	ion Number 1	Nat'l Bo 5133		Other No. 3 4S431570 (#2)
Owner Owner Email Kind of Inspe									Cert Inspection ✓ Yes No
South Miami Hos Owner Street Addr		*@baptisthealth.net Owner City				State	Zip		
6200 SW 73rd St				South Miami				FL	33143-4679
User Name - Object Location				Nature Of Business				Object Locat	
South Miami Hos	General Medical and Surgical Miami-Dade								
User Street Address			User City				State	Zip	
6200 SW 73rd St			I	South Mian				FL	33143-4679
Type Water Tube		ASME Code Stamp S	Year Built 2003	Manufacture Miura	r				
Specific Location in		Use		Fuel		Method of Fi	ring	Pressure	e Gage Tested
BLRM - 2nd FL		Process		Natural Gas		Automatic			Yes ✓ No
Pressure This Ins				alves Set At		Capacity		_	Surface and/or BTU
Allowed 170 psi 170 psi 150 psi 4234 LB/HR 199 sq ft / 2588000 BTU/hr Is condition of object such that a certificate may be issued?									
(If No, explain fully under condition) Ves No PSI DATE VNo									
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.									
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11/17/2023 External Inspection completed. All conditions acceptable. All safety devices tested by the boiler technician-									
contractor, all devices are operating properly. All pressure gauges, safety devices, sight glass in good condition and									
operable. Boiler room lighting and ventilation are adequate. OK to issue Certificate.									
REQUIREMEN	ITS: (List of Code	Violations)							
None Beguire	.d								
None Require	u								
Name and Title of Person To Whom Requirements Were Explained									
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION									
Inspector Name		Ident. No.				Employed By			Ident. No.
Luis Martos		FL-1549 NB	B-14491			FM Global			30275196