

**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 03/11/2024	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 125346	Nat'l Bd. No. 111263	Other No.
Owner Dania Pointe Marriott			Owner Email cleon@mariottfill.com		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address 166 N Compass Way			Owner City Dania Beach		State FL	Zip 33004-2378
User Name - Object Location Dania Pointe Marriott			Nature Of Business Hotel		Object Location - County Broward	
User Street Address 166 N Compass Way			User City Dania Beach		State FL	Zip 33004-2378
Type Fired Storage Water Heater	ASME Code Stamp HLW	Year Built 2019	Manufacturer AIC Gdynia PVI			
Specific Location in Plant Ground Floor BLRM		Use Hot Water Supply	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 3085000 BTU/HR	Heating Surface and/or BTU 130 sq ft / 999000 BTU/hr	
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		

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.

The purpose of this visit was to follow-up on previously issued Code Violations. No adverse conditions were observed. Previously issued Code Violations are now considered corrected. Request certificate issuance.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Dixon, Engineering

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Victor R. Casada

Inspector Name Victor Casada	Ident. No. FL-0516 NB-10971	Employed By Zurich American Insurance Co	Ident. No. 30199766
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**D14-379
10/01/2000**