



**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 03/13/2024 | CERT EXP DATE | CERT POSTED <input checked="" type="radio"/> Yes <input type="radio"/> No | FOLLOW UP ? <input type="radio"/> Yes <input checked="" 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 type="radio"/> INT <input checked="" type="radio"/> EXT | CERT INSP ? <input checked="" type="radio"/> Yes <input 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 CENTER | | | 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 TESTED <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 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 checked="" type="radio"/> Yes <input 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.

SAFETY CONTROLS, AND PRD WERE TESTED FOR COMPLIANCE AND FOUND TO BE SATISFACTORY. NO VISIBLE EVIDENCE OF LEAKAGE, DISTORTION OR OVERHEATING WAS OBSERVED. THE PRESSURE RELIEF DEVICE PRESSURE SETTING AND RELIEF CAPACITY ARE ADEQUATE FOR SERVICE.

REQUIREMENTS: (List Code Violations)

NONE

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 Henry Torres

SIGNATURE OF INSPECTOR

Henry Torres

IDENT. NO

1829

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265