

**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 <b>06/25/2024</b>	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number <b>021182</b>	Nat'l Bd. No. <b>16166</b>	Other No.
Owner <b>(AHA) Bay Medical Sacred Heart</b>			Owner Email <b>chris.hardy@medxcel.com</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner Street Address <b>615 N Bonita Ave</b>			Owner City <b>Panama City</b>		State <b>FL</b>	Zip <b>32401-3623</b>
User Name - Object Location <b>(AHA) Bay Medical Sacred Heart</b>			Nature Of Business <b>General Medical and Surgical</b>		Object Location - County <b>Bay</b>	
User Street Address <b>615 N. Bonita Ave.</b>			User City <b>Panama City</b>		State <b>FL</b>	Zip <b>32401-3623</b>
Type <b>Fire Tube</b>	ASME Code Stamp <b>S</b>	Year Built <b>2009</b>	Manufacturer <b>Cleaver Brooks</b>			
Specific Location in Plant <b>SCEP blrm. / #1 / left of two</b>		Use <b>Process</b>	Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed	This Inspection <b>150</b> psi	Prev. Inspection <b>150</b> psi	Safety Relief Valves Set At <b>150</b> psi	Total Capacity <b>17421 LB/HR</b>	Heating Surface and/or BTU <b>2000 sq ft / 13800000 BTU/hr</b>	
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.

**No adverse conditions observed. There was no visible evidence of leakage or overheating. Applicable controls were in place at the time of inspection. An active water treatment program is in place. Both safety relief valves were compliant with requirements.**

**REQUIREMENTS:** (List of Code Violations)

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Chris Hardy

**I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

*Jacob Hall*

Inspector Name	Ident. No.	Employed By	Ident. No.
Jacob Hall	FL-1729 NB-14151	FM Global	30275196

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