

**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 Change of Status**

Date Inspected <b>06/19/2024</b>	Cert. Exp Date <b>07/14/2024</b>	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner No.	Jurisdiction Number <b>136626</b>	Nat'l Bd. No. <b>301780</b>	Other No.	
Owner <b>InTown Suites</b>			Nature of Business <b>Hotel</b>		Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address <b>1951 Central Florida Pkwy</b>			Owner City <b>Orlando</b>		State <b>FL</b>	Zip <b>32837-9291</b>	
User Name - Object Location <b>InTown Suites</b>			Specific Location in Plant <b>Boiler Room</b>		Object Location - County <b>Orange</b>		
User Street Address <b>1951 Central Florida Pkwy</b>			User City <b>Orlando</b>		State <b>FL</b>	Zip <b>32837-9291</b>	
Type <b>Water Tube</b>		Year Built <b>2020</b>		Manufacturer <b>Laars</b>			
Use <b>Hot Water Supply</b>			Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>		Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pressure Allowed</b>	This Inspection   psi	Prev. Inspection   psi	Safety Relief Valves Set At   psi		Total Capacity		Heating Surface and/or BTU <b>52.6 sq ft   526000 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 type="checkbox"/> No PSI DATE <input type="checkbox"/> No			
<b>CONDITIONS:</b> 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.							
<b>Object status changed from R - Removed to A - Active. Removed in error, should have been FL 134167</b>							
<b>REQUIREMENTS:</b> (List of Code Violations)							
Name and Title of Person to Whom Requirements Were Explained							
<b>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</b>							
Inspector Name <b>Jose Muniz</b>			Ident. No. <b>FL-1870 NB-13232</b>		Employed By <b>BVI&amp;I</b>		Ident. No. <b>30284268</b>