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 **12/04/2024**	Cert. Exp Date **08/29/2024**	Certificate Posted ☐ Yes ☐ No	Owner No.	Jurisdiction Number **135791**	Nat'l Bd. No. **251372**	Other No.

Owner **Darden Restaurants Accounts Payable**	Nature of Business **Eating and Drinking Places**	Kind of Inspection ☐ Int ☐ Ext	Cert Inspection ☐ Yes ☐ No

Owner Street Address **PO Box 695011**	Owner City **Orlando**	State **FL**	Zip **32869-5011**

User Name - Object Location **Olive Garden #1069**	Specific Location in Plant **Equipment Room**	Object Location - County **Pinellas**

User Street Address **6700 US Highway 19 N**	User City **Pinellas Park**	State **FL**	Zip **33781-6242**

Type **Fired Storage Water Heater**	Year Built **2019**	Manufacturer **A O Smith**

Use **Hot Water Supply**	Fuel **Natural Gas**	Method of Firing **Automatic**	Pressure Gage Tested ☐ Yes ☐ No

Pressure Allowed	This Inspection _____ psi	Prev. Inspection _____ psi	Safety Relief Valves Set At _____ psi	Total Capacity	Heating Surface and/or BTU **740000 BTU/hr**

Is condition of object such that a certificate may be issued? (If No, explain fully under condition) ☐ Yes ☐ No	Hydro Test ☐ Yes _____ PSI DATE _____ ☐ 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.

Object status changed from A - Active to R - Removed. Object has been replaced by FL142157, NB297189

REQUIREMENTS: (List of Code Violations)

Name and Title of Person to Whom Requirements Were Explained

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Neil Mathews

Inspector Name **Neil Matthews**	Ident. No. **FL-019 NB-11529**	Employed By **XL Insurance America, Inc.**	Ident. No. **30199785**

D14-379
10/01/2000