

**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 01/31/2025	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number 015166	Nat'l Bd. No. 5167	Other No. Hollywood
Owner Hollywood Studio Theme Park			Owner Email		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 271 N World Drive			Owner City Lake Buena Vista		State FL	Zip 32830
User Name - Object Location (WDCo.) Hollywood Studio Theme Park			Nature Of Business Amusement and Recreation		Object Location - County Orange	
User Street Address 271 N World Dr.			User City Lake Buena Vista		State FL	Zip 32830-1000
Type Fire Tube	ASME Code Stamp S	Year Built 1998	Manufacturer Hurst			
Specific Location in Plant Epic Theatre		Use Process	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 150	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 1651 LB/HR	Heating Surface and/or BTU 55 sq ft	

Is condition of object such that a certificate may be issued?
(If No, explain fully under condition) ☒ Yes ☐ No ☐ 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.

External inspection performed. No leaks or adverse conditions noted. Safety devices tested manually by Thermal Tech. Devices operated as designed. No adverse conditions noted. Ok to issue certificate.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Mouloud Lekhal, Planned Work Specialist

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Inspector Name Joseph C. Guinto	Ident. No. FL-0127 NB-11858	Employed By FM	Ident. No. 30275196
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**D14-379
10/01/2000**