

**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>02/26/2025</b>	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 <b>019759</b>	Nat'l Bd. No. <b>68084</b>	Other No.
Owner <b>.Watson Clinic Asc Dbw Watson Clinic Surgery</b>			Owner Email <b>hproctor@isdc.net</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Center Street Address <b>1315 N Florida Ave</b>			Owner City <b>Lakeland</b>		State <b>FL</b>	Zip <b>33805-4502</b>
User Name - Object Location <b>.Watson Clinic Asc Dbw Watson Clinic Surgery Centre</b>			Nature Of Business <b>Medical Center</b>		Object Location - County <b>Polk</b>	
User Street Address <b>1315 N Florida Ave</b>			User City <b>Lakeland</b>		State <b>FL</b>	Zip <b>33805-4502</b>
Type <b>Electric</b>	ASME Code Stamp <b>S</b>	Year Built <b>2013</b>	Manufacturer <b>Getinge</b>			
Specific Location in Plant <b>OR 1/2</b>		Use <b>Process</b>	Fuel <b>Electric</b>	Method of Firing <b>Electricity</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>100</b>	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At <b>100</b>	psi	Total Capacity <b>423 LB/HR</b>	Heating Surface and/or BTU <b>119000 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		
<p><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.</p> <p><b>Object verified. Controls could not be tested. – Controls could not be tested.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>21 - 8.5.2      21 - QUALIFIED MECHANIC OR CONTRACTOR REQUIRED</b></p>						
Name and Title of Person To Whom Requirements Were Explained Hether Proctor						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Luis Ruemmelmontanez</i>						
Inspector Name <b>Luis Ruemmelmontanez</b>		Ident. No. <b>FL-24-001316 NB-17928</b>		Employed By <b>CNA Insurance Company</b>		Ident. No. <b>30199784</b>

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