

**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 02/27/2025 | Cert. Exp Date | Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Jurisdiction Number 019759 | Nat'l Bd. No. 68084 | Other No. |
| Owner .Watson Clinic Asc Dbw Watson Clinic Surgery | | | Owner Email hproctor@lsdc.net | | Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext | Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Center Street Address 1315 N Florida Ave | | | Owner City Lakeland | | State FL | Zip 33805-4502 |
| User Name - Object Location .Watson Clinic Asc Dbw Watson Clinic Surgery Centre | | | Nature Of Business Medical Center | | Object Location - County Polk | |
| User Street Address 1315 N Florida Ave | | | User City Lakeland | | State FL | Zip 33805-4502 |
| Type Electric | ASME Code Stamp S | Year Built 2013 | Manufacturer Getinge | | | |
| Specific Location in Plant OR 1/2 | | Use Process | Fuel Electric | Method of Firing Electricity | Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Pressure Allowed 100 | This Inspection 100 psi | Prev. Inspection 100 psi | Safety Relief Valves Set At 100 psi | Total Capacity 423 LB/HR | Heating Surface and/or BTU 119000 BTU/hr | |
| 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>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.</p> <p>Object verified. Controls tested in accordance with applicable jurisdictional and code requirements. No adverse conditions noted.</p> | | | | | | |
| <p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p> | | | | | | |
| Name and Title of Person To Whom Requirements Were Explained Heather Proctor | | | | | | |
| I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION | | | | | | |
| Inspector Name <i>Luis Ruemmelmontanez</i> | | Ident. No. FL-24-001316 NB-17928 | | Employed By CNA Insurance Company | | Ident. No. 30199784 |

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