

**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 03/12/2025 | 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 003185 | Nat'l Bd. No. 6142 | Other No. |
| Owner Bardmoor Outpatient Center | | | Owner Email christopher.waincott@baycare.org | | Kind of Inspection <input checked="" type="checkbox"/> Int <input type="checkbox"/> Ext | Cert Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Owner Street Address 8787 Bryan Dairy Rd | | | Owner City Largo | | State FL | Zip 33777-1251 |
| User Name - Object Location Bardmoor Outpatient Center | | | Nature Of Business Medical Center | | Object Location - County Pinellas | |
| User Street Address 8787 Bryan Dairy Rd | | | User City Largo | | State FL | Zip 33777-1251 |
| Type Fire Tube | ASME Code Stamp E | Year Built 2014 | Manufacturer Chromalox | | | |
| Specific Location in Plant Operating Room | | Use Process | Fuel Electric | Method of Firing Automatic | 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 105000 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>Inspection performed in accordance with the National Board Inspection Code and State of Florida regulations. Steam generating chamber inspected satisfactorily. Virtually no scale/sludge was observed. Code required safety controls and devices installed satisfactorily. 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 Rep from Steris | | | | | | |
| I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Victor R. Casada</i> | | | | | | |
| Inspector Name Victor Casada | | Ident. No. FL-0516 NB-10971 | | Employed By Zurich American Insurance Co | | Ident. No. 30199766 |

D14-379

10/01/2000