

**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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Int <input type="checkbox"/> Ext	Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address PO Box 695016			Owner City Orlando		State FL	Zip 32869-5016
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No				Hydro Test <input type="checkbox"/> Yes <input type="checkbox"/> No PSI DATE <input type="checkbox"/> 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 Object has been replaced by FL142157, NB297189						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 <i>Neil Matthews</i>						
Inspector Name Neil Matthews		Ident. No. FL-019 NB-11529		Employed By XL Insurance America, Inc.		Ident. No. 30199785