

**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>03/25/2025</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>135802</b>	Nat'l Bd. No. <b>373782</b>	Other No.
Owner <b>Biscayne Bay Campus</b>			Owner Email <b>mnelson@bayviewfiu.com</b>		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 <b>3000 NE 151st St Bldg N10</b>			Owner City <b>North Miami</b>		State <b>FL</b>	Zip <b>33181-3605</b>
User Name - Object Location <b>Biscayne Bay Campus</b>			Nature Of Business <b>University</b>		Object Location - County <b>Miami-Dade</b>	
User Street Address <b>3000 NE 151st St</b>			User City <b>North Miami</b>		State <b>FL</b>	Zip <b>33181-3605</b>
Type <b>Water Tube</b>	ASME Code Stamp <b>HLW</b>	Year Built <b>2016</b>	Manufacturer <b>SERMETA</b>			
Specific Location in Plant <b>Mechanical Room</b>		Use <b>Hot Water Supply</b>	Fuel <b>Propane</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed <b>160</b>	This Inspection <b>160</b> psi	Prev. Inspection <b>160</b> psi	Safety Relief Valves Set At <b>150</b> psi	Total Capacity <b>1912000 BTU/HR</b>	Heating Surface and/or BTU <b>600000 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		

**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.

**Operational testing was conducted with no signs of boiler leakage. The Safety Relief Valve, the Low Flow Switch, and the High Temperature Limit Switch w/ Reset all proved satisfactory. The Emergency Shutoff Switch at the door did not function as designed. – Emergency Shutdown Switch doesn't work.**

**REQUIREMENTS:** (List of Code Violations)

**Make corrections to ensure the Emergency Shutdown Switch will shutdown power to the boiler.**

Name and Title of Person To Whom Requirements Were Explained  
Jorge Nieves

**I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

Inspector Name <b>Tim Hatley</b>	Ident. No. <b>FL-21-000453 NB-12753</b>	Employed By <b>Cincinnati Insurance Company</b>	Ident. No. <b>30199772</b>
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**D14-379  
10/01/2000**