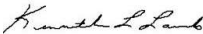


DIVISION OF THE STATE FIRE MARSHALL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM

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 05/20/2025	Cert. Exp Date 07/14/2024	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner No.	Jurisdiction Number 136626	Nat'l Bd. No. 301780	Other No.	
Owner InTown Suites			Nature of Business Hotel		Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 1951 Central Florida Pkwy			Owner City Orlando		State FL	Zip 32837-9291	
User Name - Object Location InTown Suites			Specific Location in Plant Boiler Room		Object Location - County Orange		
User Street Address 1951 Central Florida Pkwy			User City Orlando		State FL	Zip 32837-9291	
Type Water Tube		Year Built 2020	Manufacturer Laars				
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 52.6 sq ft 526000 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 _____ 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. removed from location							
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							
							
Inspector Name Kenneth Lamb		Ident. No. FL-23-000527 NB-14842		Employed By Chubb		Ident. No. 30199789	