

**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 06/19/2025	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 135802	Nat'l Bd. No. 373782	Other No.
Owner Biscayne Bay Campus			Owner Email mnelson@bayviewfiu.com		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 3000 NE 151st St Bldg N10			Owner City North Miami		State FL	Zip 33181-3605
User Name - Object Location Biscayne Bay Campus			Nature Of Business University		Object Location - County Miami-Dade	
User Street Address 3000 NE 151st St			User City North Miami		State FL	Zip 33181-3605
Type Water Tube	ASME Code Stamp HLW	Year Built 2016	Manufacturer SERMETA			
Specific Location in Plant Mechanical Room		Use Hot Water Supply	Fuel Propane	Method of Firing Automatic	Pressure Gage Tested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed 160	This Inspection 160 psi	Prev. Inspection 160 psi	Safety Relief Valves Set At 160 psi	Total Capacity 1912000 BTU/HR	Heating Surface and/or BTU 600000 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 PSI DATE <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>ESOS now works for boiler. Certificate can be issued.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p> <p>None Required</p>						
Name and Title of Person To Whom Requirements Were Explained Jorge Nieves						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Timothy L. Hatley</i>						
Inspector Name Tim Hatley		Ident. No. FL-21-000453 NB-12753		Employed By Cincinnati Insurance Company		Ident. No. 30199772

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