

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 07/29/2025	Cert. Exp Date 11/13/2025	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner No. #2	Jurisdiction Number 019351	Nat'l Bd. No. 5133	Other No. 64S431570 (#2)	
Owner South Miami Hospital			Nature of Business General Medical and Surgical		Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext		Cert Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 6200 SW 73rd St			Owner City South Miami		State FL	Zip 33143-4679	
User Name - Object Location South Miami Hospital			Specific Location in Plant BLRM - 2nd FL		Object Location - County Miami-Dade		
User Street Address 6200 SW 73rd St			User City South Miami		State FL	Zip 33143-4679	
Type Water Tube		Year Built 2003	Manufacturer Miura				
Use Process			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 199 sq ft 2588000 BTU/hr	

Is condition of object such that a certificate may be issued?
 (If No, explain fully under condition) ☐ Yes ☐ No

Hydro Test ☐ Yes _____ PSI DATE _____ ☐ 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. 07/29/25: Removed / scrapped / replaced with new. (JH)

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

Jacob Hall

Inspector Name	Ident. No.	Employed By	Ident. No.
Jacob Hall	FL-1729 NB-14151	FM	30275196