

**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 08/18/2025	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number 021182	Nat'l Bd. No. 16166	Other No.
Owner (AHA) Bay Medical Sacred Heart			Owner Email chris.hardy@medxcel.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 615 N Bonita Ave			Owner City Panama City		State FL	Zip 32401-3623
User Name - Object Location (AHA) Bay Medical Sacred Heart			Nature Of Business General Medical and Surgical		Object Location - County Bay	
User Street Address 615 N. Bonita Ave.			User City Panama City		State FL	Zip 32401-3623
Type Fire Tube	ASME Code Stamp S	Year Built 2009	Manufacturer Cleaver Brooks			
Specific Location in Plant SCEP blrm. / #1 / left of two		Use Process	Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure Allowed	This Inspection 150 psi	Prev. Inspection 150 psi	Safety Relief Valves Set At 150 psi	Total Capacity 17421 LB/HR	Heating Surface and/or BTU 2000 sq ft / 13800000 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 _____ PSI DATE _____ <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.

No adverse conditions observed. Applicable controls were in place at the time of inspection. Controls testing was conducted / completed in a satisfactory manner.

REQUIREMENTS: (List of Code Violations)

None Required

Name and Title of Person To Whom Requirements Were Explained
Chris Hardy

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

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