

**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 09/05/2025	Cert. Exp Date	Certificate Posted ☒ Yes ☐ No	Follow Up Inspection ☐ Yes ☒ No	Jurisdiction Number 023104	Nat'l Bd. No. 19613	Other No. 19613
Owner Florida School for the Deaf and Blind (SOF)			Owner Email peacockg@fsdbk12.org		Kind of Inspection ☒ Int ☐ Ext	Cert Inspection ☐ Yes ☒ No
Owner Street Address 207 San Marco Ave			Owner City St Augustine		State FL	Zip 32084-2762
User Name - Object Location Florida School for the Deaf and Blind (SOF)			Nature Of Business Schools and Educational		Object Location - County Saint Johns	
User Street Address 207 San Marco Ave			User City St Augustine		State FL	Zip 32084-2762
Type Electric	ASME Code Stamp S	Year Built 2011	Manufacturer Precision			
Specific Location in Plant Kirk Memorial Room 124		Use Process	Fuel Electric	Method of Firing Electricity	Pressure Gage Tested ☐ Yes ☒ No	
Pressure Allowed 100	This Inspection 100 psi	Prev. Inspection 100 psi	Safety Relief Valves Set At 100 psi	Total Capacity 644 LB/HR	Heating Surface and/or BTU 630 BTU/hr	
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test ☐ Yes ☒ 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. Internal inspection completed. Water sides show minimal scale formation. Heating elements were clean. No issues noted.						
REQUIREMENTS: (List of Code Violations) None Required						
Name and Title of Person To Whom Requirements Were Explained Greg Peacock						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name Charles Schindler		Ident. No. FL-606 NB-11697		Employed By Liberty Mutual Insurance Co		Ident. No. 30199794

D14-379

10/01/2000