

**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 <b>01/22/2026</b>	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 <b>125346</b>	Nat'l Bd. No. <b>111263</b>	Other No.
Owner <b>Dania Pointe Marriott</b>			Owner Email <b>cleon@mariottfill.com</b>		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 <b>166 N Compass Way</b>			Owner City <b>Dania Beach</b>		State <b>FL</b>	Zip <b>33004-2378</b>
User Name - Object Location <b>Dania Pointe Marriott</b>			Nature Of Business <b>Hotel</b>		Object Location - County <b>Broward</b>	
User Street Address <b>166 N Compass Way</b>			User City <b>Dania Beach</b>		State <b>FL</b>	Zip <b>33004-2378</b>
Type <b>Fired Storage Water Heater</b>	ASME Code Stamp <b>HLW</b>	Year Built <b>2019</b>	Manufacturer <b>AIC Gdynia PVI</b>			
Specific Location in Plant <b>Ground Floor BLRM</b>		Use <b>Hot Water Supply</b>	Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection <b>150</b> psi	Prev. Inspection <b>150</b> psi	Safety Relief Valves Set At <b>150</b> psi	Total Capacity <b>4059000 BTU/HR</b>	Heating Surface and/or BTU <b>130 sq ft / 999000 BTU/hr</b>	
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		

**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.

**Boiler inspected while in operation. Inspection was conducted in accordance with the requirements of the National Board Inspection Code and State of Florida regulations. Controls and safety devices were observed to be in satisfactory condition. No adverse conditions noted. Request certificate be issued.**

**REQUIREMENTS:** (List of Code Violations)

**None Required**

Name and Title of Person To Whom Requirements Were Explained  
Carlos Leon, Director of Facilities and Loss Prevention

**I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

*Victor R. Casada*

Inspector Name	Ident. No.	Employed By	Ident. No.
<b>Victor Casada</b>	<b>FL-0516 NB-10971</b>	<b>Zurich American Insurance Co</b>	<b>30199766</b>

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