

**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 03/18/2026	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 019759	Nat'l Bd. No. 68084	Other No.
Owner Watson Clinic Surgery Center			Owner Email hproctor@lsdc.net		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 1315 N Florida Ave			Owner City Lakeland		State FL	Zip 33805-4502
User Name - Object Location Watson Clinic Surgery Center			Nature Of Business Medical Center		Object Location - County Polk	
User Street Address 1315 N Florida Ave			User City Lakeland		State FL	Zip 33805-4502
Type Electric	ASME Code Stamp S	Year Built 2013	Manufacturer Getinge			
Specific Location in Plant OR 1/2		Use Process	Fuel Electric	Method of Firing Electricity	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 100	This Inspection 100 psi	Prev. Inspection 100 psi	Safety Relief Valves Set At 100 psi	Total Capacity 423 LB/HR	Heating Surface and/or BTU 119000 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		

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. Successfully witnessed manual testing of selected controls and safety devices. 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
Getinge rep

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

Victor R. Casada

Inspector Name Victor Casada	Ident. No. FL-0516 NB-10971	Employed By Zurich American Insurance Co	Ident. No. 30199766
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**D14-379
10/01/2000**