



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE PREVENTION
BOILER SAFETY PROGRAM**

**Boiler-Fired Pressure Vessel
REPORT OF INSPECTION**

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

1	DATE INSPECTED MO DAY YR	CERT EXP DATE MO YR	CERTIFICATE POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	FOLLOW UP INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	JURISDICTION NUMBER	NAT'L BD NO. <input type="checkbox"/>	OTHER NO. <input type="checkbox"/>	
2	OWNER	OWNERS STEEL ADDRESS NUMBER	NATURE OF BUSINESS	OWNERS CITY	KIND OF INSPECTION INT <input type="checkbox"/> EXT <input type="checkbox"/>	STATE STATE	CERTIFICATE INSPECTION YES <input type="checkbox"/> NO <input type="checkbox"/>	
3	USERS NAME - OBJECT LOCATION	USERS STEEL ADDRESS NUMBER	SPECIFIC LOCATION IN PLANT	USERS CITY	OBJECT LOCATION - COUNTY	STATE	ZIP	
4	TYPE USE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER	YEAR BUILT	MANUFACTURER	FUEL	METHOD OF FIRING	PRESSURE GAGE TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	HEATING SURFACE OR BTU	
5	<input type="checkbox"/> POWER <input type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG. <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER	SAFETY - RELIEF VALVES	TOTAL CAPACITY	HYDRO TEST	PSI	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	THIS INSPECTION	PREV INSPECTION	SET AT	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?	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 condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.			
7	YES <input type="checkbox"/> NO <input type="checkbox"/>	(IF NO EXPLAIN FULLY UNDER CONDITIONS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	PSI	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8	9. REQUIREMENTS: (List Code Violations)							

10. NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

SIGNATURE OF INSPECTOR

IDENT. NO	EMPLOYED BY	IDENT. NO