



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.

DATE INSPECTED 01/07/2025	CERT EXP DATE	CERT POSTED <input checked="" type="radio"/> Yes <input type="radio"/> No	FOLLOW UP ? <input type="radio"/> Yes <input checked="" type="radio"/> No	JURISDICTION NUMBER FLR26357	NATL BOARD NO 024859	OTHER NO
OWNER Fawcett Memorial Hospital Aaron "Pat" Lohr				NATURE OF BUSINESS HOSPITALS	KIND OF INSP. <input type="radio"/> INT <input checked="" type="radio"/> EXT	CERT INSP ? <input checked="" type="radio"/> Yes <input type="radio"/> No
OWNER STREET ADDRESS 21298 Olean Boulevard				OWNERS CITY Port Charlotte	STATE FL	ZIP 33952
USER NAME - OBJECT LOCATION FAWCETT MEMORIAL HOSPITAL				SPECIFIC LOCATION IN PLANT PORTABLE	OBJECT LOCATION - COUNTY CHARLOTTE	
LOCATION STREET ADDRESS 21298 OLEAN BOULEVARD				LOCATION CITY PORT CHARLOTTE	STATE FL	ZIP 33952
TYPE <input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER			YEAR BUILT 2000	MANUFACTURER YORK SHIPL		
USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER				FUEL Natural Gas	METHOD OF FIRING Burner	PRESSURE TESTED <input type="radio"/> Yes <input checked="" type="radio"/> No
PRESSURE ALLOWED THIS INSPECTION 150 PREV INSP 150			SAFETY - RELIEF VALVES SET AT 150 TOTAL CAPACITY 6,823,000 BTUs Per Hour			OBJECT CAPACITY 5,022,000 BTUs
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED ? <input checked="" type="radio"/> Yes <input type="radio"/> No (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <input type="radio"/> Yes <input checked="" type="radio"/> No PSI Date		

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.

CERTIFICATE EXTERNAL INSPECTION COMPLETED.
SAFETY CONTROLS AND DEVICES WERE VERIFIED, TESTED, AND FUNCTIONED IN ACCORDANCE WITH JURISDICTIONAL LAW. THERE WAS NO VISIBLE EVIDENCE OF LEAKS, CORROSION, OR OVERHEATING. THERE WERE NO ADVESE CONDITIONS FOUND THAT WOULD INTERFERE WITH PROPER OPERATION OF THE BOILER.

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

AARON "PAT" LOHR

CONTACT PHONE (941) 286-3821

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Francis Marchant

SIGNATURE OF INSPECTOR

IDENT. NO

24-000020

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265