



**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<br>05/16/2025  | CERT EXP DATE | CERT POSTED<br><input type="radio"/> Yes <input checked="" type="radio"/> No | FOLLOW UP ?<br><input type="radio"/> Yes <input checked="" type="radio"/> No          | JURISDICTION NUMBER<br>FLR26357  | NATL BOARD NO<br>024859   | OTHER NO   |
| OWNER<br>Fawcett Memorial Hospital      Aaron "Pat" Lohr  |               |  |   | NATURE OF BUSINESS<br>HOSPITALS  | KIND OF INSP.<br><input type="radio"/> INT <input checked="" type="radio"/> EXT | CERT INSP ?<br><input type="radio"/> Yes <input checked="" type="radio"/> No     |
| OWNER STREET ADDRESS<br>21298 Olean Boulevard   |               |  |   | OWNERS CITY<br>Port Charlotte  | STATE<br>FL   | ZIP<br>33952   |
| USER NAME - OBJECT LOCATION<br>FAWCETT MEMORIAL HOSPITAL  |               |  |   | SPECIFIC LOCATION IN PLANT<br>PORTABLE   | OBJECT LOCATION - COUNTY<br>CHARLOTTE   |  |
| LOCATION STREET ADDRESS<br>21298 OLEAN BOULEVARD  |               |  |   | LOCATION CITY<br>PORT CHARLOTTE  | STATE<br>FL   | ZIP<br>33952   |
| TYPE<br><input checked="" type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER   |               |  | YEAR BUILT<br>2000  | MANUFACTURER<br>YORK SHIPL   |   |  |
| USE<br><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<br>Natural Gas  | METHOD OF FIRING<br>Burner  | PRESSURE TESTED<br><input type="radio"/> Yes <input checked="" type="radio"/> No |
| PRESSURE ALLOWED<br>THIS INSPECTION 150      PREV INSP 150  |               |  | SAFETY - RELIEF VALVES<br>SET AT 150      TOTAL CAPACITY 6,823,000      BTUs Per Hour |  |   | OBJECT CAPACITY<br>5,022,000      BTUs   |
| IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED ?<br><input type="radio"/> Yes <input checked="" type="radio"/> No      (IF NO EXPLAIN FULLY UNDER CONDITIONS)                                 |               |  |   | HYDRO TEST<br><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.

STATUS CHANGE FROM ACTIVE TO REMOVED. THE RENTAL BOILER HAS BEEN DISCONNECTED AND REMOVED FROM SERVICE.

**REQUIREMENTS: (List Code Violations)**

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**NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED**

KEVIN HOGE - DIRECTOR

CONTACT PHONE (941) 286-3821

**THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION**

INSPECTOR NAME Henry Torres

SIGNATURE OF INSPECTOR

*Henry Torres*

IDENT. NO

1829

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265