



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

MAR 25 2013

**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 03/14/2013	CERT EXP DATE 03/14/2014	CERT POSTED <input checked="" type="radio"/> YES <input type="radio"/> NO	FOLLOW UP? <input type="radio"/> YES <input checked="" type="radio"/> NO	JURISDICTION NUMBER FL004721	NATL BOARD NO NB9964	OTHER NO
OWNER THE MEN'S WEARHOUSE				NATURE OF BUSINESS STORES (WITHOUT FOOD)	KIND OF INSP. <input checked="" type="radio"/> INT <input type="radio"/> EXT	CERT INSP? <input checked="" type="radio"/> YES <input type="radio"/> NO
OWNER STREET ADDRESS 40650 ENCYCLOPEDIA CIRCLE ATTN: MAINTENANCE DEPT				OWNERS CITY FREMONT	STATE CA	ZIP 94538
USER NAME - OBJECT LOCATION STORE 3319 MEN S WEARHOUSE				SPECIFIC LOCATION IN PLANT SHOP	OBJECT LOCATION - COUNTY HILLSBOROUGH	
LOCATION STREET ADDRESS 8009 CITRUS PARK DRIVE				LOCATION CITY TAMPA	STATE FL	ZIP 33626
TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input checked="" type="checkbox"/> OTHER			YEAR BUILT 2006	MANUFACTURER PACIFIC STE		
USE <input type="checkbox"/> POWER <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> OTHER				FUEL Electricity	METHOD OF FIRING Burner	PRESSURE TESTED <input type="radio"/> YES <input checked="" type="radio"/> NO
PRESSURE ALLOWED THIS INSPECTION 100 PREV INSP 100		SAFETY - RELIEF VALVES SET AT 100 TOTAL CAPACITY 423000 BTUs			OBJECT CAPACITY 61000 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.

OUR INSPECTION OF 2/23/12 NOTED BLOW DOWN VALVES WERE LEAKING AT THEIR THREADED JOINTS - THE BLOW DOWN VALVES HAVE BEEN REPLACED WITH NO AND ARE NO LONGER LEAKING. NO ADVERSE CONDITIONS NOTED. OK TO ISSUE CERT. AT THIS TIME.

REQUIREMENTS: (List Code Violations)

NONE

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

CATHERINE SHEPHERD

CONTACT PHONE (800) 777-8580 8506

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME Lance Dietz

SIGNATURE OF INSPECTOR

Lance A. Dietz

IDENT. NO

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EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265