



**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.

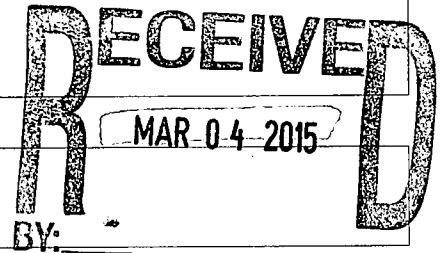
DATE INSPECTED 02/18/2015	CERT EXP DATE	CERT POSTED <input type="radio"/> YES <input checked="" type="radio"/> NO	FOLLOW UP? <input type="radio"/> YES <input checked="" type="radio"/> NO	JURISDICTION NUMBER FL004721	NATL BOARD NO NB9964	OTHER NO
OWNER THE MEN'S WEARHOUSE DEPARTMENT ATTN: MAINTENANCE				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 6100 STEVENSON BLVD				OWNERS CITY FREMONT	STATE CA	ZIP 94538
USER NAME - OBJECT LOCATION STORE 3319 MENS 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		SAFETY - RELIEF VALVES SET AT 100			OBJECT CAPACITY 61000 BTUs	
PREV INSP 100				TOTAL CAPACITY 423000 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.

THE LEAKING FEED VALVE HAS BEEN REPLACED. PLEASE CLEAR PREVIOUS CODE VIOLATION. NO ADVERSE CONDITIONS NOTED.

REQUIREMENTS: (List Code Violations)

NONE



NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

SANDRA KOSTER

CONTACT PHONE (510) 723-8571

THEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR NAME DANIEL HUMENICK

SIGNATURE OF INSPECTOR

IDENT. NO

EMPLOYED BY

518

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265

Daniel B. Humenick

DI4-379,
10-1-2000