



**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 10/26/2016	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 FL004721	NATL BOARD NO NB9964	OTHER NO
OWNER The Men's Wearhouse Attn: Maintenance Department				NATURE OF BUSINESS STORES (WITHOUT FOOD)	KIND OF INSP. <input type="radio"/> INT <input checked="" type="radio"/> EXT	CERT INSP? <input type="radio"/> YES <input checked="" 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 type="radio"/> YES <input checked="" 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.

SAFETY VALVE WAS NOT OPERABLE AT THE TIME OF INSPECTION.

**RECEIVED**  
NOV 07 2016  
BY: \_\_\_\_\_

**REQUIREMENTS: (List Code Violations)**

INSTALLED SAFETY VALVE STUCK CLOSED RENDERING IT INOPERATIVE AND PLACING THE BOILER IN AN UNSAFE CONDITION. NBIC I-309.19(A)

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

DAWN MONTAGUE

CONTACT PHONE (510) 723-8571

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

INSPECTOR NAME Jason Jankowski

SIGNATURE OF INSPECTOR

IDENT. NO  
1489

EMPLOYED BY

HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY 9265