



**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 03/09/2017	CERT EXP DATE	CERT POSTED ☒ YES ☐ NO	FOLLOW UP? ☐ YES ☒ NO	JURISDICTION NUMBER FL004721	NATL BOARD NO 9964	OTHER NO
OWNER TAILORED BRANDS INC MAINTENANCE DEPT.				NATURE OF BUSINESS STORES (WITHOUT FOOD)	KIND OF INSP. ☒ INT ☐ EXT	CERT INSP? ☒ YES ☐ NO
OWNER STREET ADDRESS 6100 STEVENSON BOULEVARD				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 ☐ FT ☐ WT ☐ CI ☒ OTHER			YEAR BUILT 2006	MANUFACTURER PACIFIC STE		
USE ☐ POWER ☒ PROCESS ☐ STEAM HTG ☐ HWH ☐ HWS ☐ OTHER				FUEL Electricity	METHOD OF FIRING Burner	PRESSURE TESTED ☐ YES ☒ NO
PRESSURE ALLOWED THIS INSPECTION 100		SAFETY - RELIEF VALVES SET AT 100			OBJECT CAPACITY 61000 BTUs	
TOTAL CAPACITY 423000 BTUs						
IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? ☒ YES ☐ NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST ☐ YES ☒ 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.

NO ADVERSE CONDITIONS NOTED

M

RECEIVED
MAR 21 2017
BY: _____

REQUIREMENTS: (List Code Violations)

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED
KELLY GARCIA

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