

**DIVISION OF THE STATE FIRE MARSHALL  
BUREAU OF FIRE PREVENTION  
BOILER SAFETY PROGRAM**

MAY 28 2019

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

**Boiler - Fired Pressure Vessel report of Inspection**

Date Inspected <b>05/21/2019</b>	Cert. Exp Date	Certificate Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number <b>004721</b>	Nat'l Bd. No. <b>9964</b>	Other No.
Owner <b>#3319 Mens Wearhouse</b>			Nature Of Business <b>Retail</b>		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address <b>8009 Citrus Park Dr</b>			Owner City <b>Tampa</b>		State <b>FL</b>	Zip <b>33625-3001</b>
User Name - Object Location <b>#3319 Mens Wearhouse</b>			Specific Location in Plant <b>SHOP</b>		Object Location - County <b>Hillsborough</b>	
User Street Address <b>8009 Citrus Park Dr</b>			User City <b>Tampa</b>		State <b>FL</b>	Zip <b>33625-3001</b>
Type <b>Electric</b>		Year Built <b>2006</b>	Manufacturer <b>Pacific</b>			
Use <b>Process</b>		Fuel <b>Electric</b>	Method of Firing <b>Electricity</b>		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>100</b> psi	Prev. Inspection <b>100</b> psi	Safety Relief Valves Set At <b>100</b> psi	Total Capacity <b>423 LB/HR</b>		Heating Surface and/or BTU <b>61000 BTU/hr</b>
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				PSI DATE <input checked="" type="checkbox"/> No		
<p><b>CONDITIONS:</b> 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 conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.</p> <p><b>External Cert inspection - no adverse conditions noted.</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>None Required</b></p>						
Name and Title of Person To Whom Requirements Were Explained Mr. Hussein MGR						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION <i>Lance A. Dietz</i>						
Inspector Name <b>Lance Dietz</b>		Ident. No. <b>FL-14-001313 NB-10240</b>		Employed By <b>XL Insurance America, Inc.</b>		Ident. No. <b>30199785</b>

**D14-379  
10/01/2000**