

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

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>03/12/2026</b>	Cert. Exp Date	Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow Up Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction Number <b>025576</b>	Nat'l Bd. No. <b>13979</b>	Other No.
Owner <b>Tailored Brands</b>		Owner Email <b>accountspayable@tailoredbrands.com</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>5875 Arnold Rd Ste 250</b>			Owner City <b>Dublin</b>		State <b>CA</b>	Zip <b>94568-7310</b>
User Name - Object Location <b>Men's Wearhouse #3319</b>			Nature Of Business <b>Retail</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>Miniature</b>	ASME Code Stamp <b>M</b>	Year Built <b>2017</b>	Manufacturer <b>Pacific</b>			
Specific Location in Plant <b>Tailor Shop</b>		Use <b>Process</b>	Fuel <b>Natural Gas</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed <b>100</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 checked="" type="checkbox"/> Yes <input 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>BVI for Tailor Brands. Attempted to perform External inspection on vessel in accordance with ASME, NBIC, and jurisdictional codes and standards. Installation of controls and safety devices such as pressure gauges, gage glasses, operator and high limit pressure controls, relief devices, water probes, and blow down installations were verified, and safety devices were manually tested. Observed vessel and piping integrity for issues, checked around the boiler element, and found no major leakage at this time. Vessel and safety valve nameplates were verified, and boiler room conditions and requirements were verified for compliance. Boiler currently not operating or functional. FL 21 - 8.1.1 Boiler Not Operating – FL 21 - 8.1.1 Boiler Not Operating</b></p>						
<p><b>REQUIREMENTS:</b> (List of Code Violations)</p> <p><b>Please return boiler to operational status or fully disconnect boiler from power, water, fuel, and loop piping to be considered not in use. A certificate of operation cannot be issued until the safety devices and operational procedures can be verified for safety and compliance as per the ASME, NBIC and Jurisdictional Codes. Ref: ASME CSD-1 2018 CM-110(a-d) - (d) Frequent inspection, adjustment, and cleaning shall be performed during initial start-up operation to ensure all safety controls and devices are functioning as intended and are in a reliable operating condition. (a) An inspection and maintenance schedule shall be established and performed on a periodic basis. The periodic basis shall be at least that required by the equipment manufacturer or at least annually.</b></p>						
Name and Title of Person To Whom Requirements Were Explained						
<b>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</b>						
Inspector Name		Ident. No.		Employed By		Ident. No.
<b>Nathan Beck</b>		<b>FL-25-001190 NB-20108</b>		<b>BVI&amp;I</b>		<b>30284268</b>

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