

**Florida**  
**Department of Highway Safety**  
**and Motor Vehicles**  
*Division of Motor Vehicles*  
*Manufactured Housing Section*

<b>PROCEDURE:</b>	<b>SUBJECT:</b>
MHS - 02	MANUFACTURER'S EQUIPMENT AND STORAGE REPORT
<b>DESCRIPTION AND USE:</b>	
This procedure concerns control over manufactured home manufacturer's test equipment.	

- A. Compliance examiners assigned to manufactured home manufacturing plants shall check the functional condition of test equipment while observing the required testing during regular line inspections. All tests are to be conducted and test equipment maintained in accordance with the manufacturer's Quality Assurance (QA) Manual as prescribed in the Code of Federal Regulations, Title 24, Part 3282.203(c). All damaged test equipment shall be repaired with written proof of recalibration from a nationally recognized testing laboratory, before the test equipment can be used by the manufacturer, and all improper or untested units shall be red tagged.
  
- B. All test equipment shall be calibrated as required by the manufacturer's QA Manual. All violations and systems-of-control shall be recorded on forms HSMV-81010 and HSMV-81009 (see **Attachments A and B on pages 2 and 4 respectively**) by the compliance examiner. All damaged test equipment shall be replaced or repaired with written proof of recalibration from a nationally recognized testing laboratory, before the test equipment can be used again by the manufacturer.
  
- C. During each quarter, a compliance examiner shall monitor each manufacturer's test procedures and equipment. This information shall be recorded on form HSMV-81050 (see **Attachment C on page 6**) and forwarded to the Manufactured Housing Section headquarters office by the 15<sup>th</sup> of the first month of the quarter.

*Revisions to this procedure: Attachment A revised 01/16. Attachment C revised 06/15*

	<b>EFFECTIVE DATE:</b> 2/15/77	<b>REVISION DATE:</b> 01/05/16	<b>PAGE #</b> 1 of 6
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**MANUFACTURED HOUSING SECTION**

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**ATTACHMENT B**

**FLORIDA MANUFACTURER'S INSPECTION SUPPLEMENT REPORT**

PLANT: \_\_\_\_\_

DATE OF INSP.: \_\_\_\_\_

INSP. REPORT NO.: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

1. PROBLEM/NONCONFORMANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE: \_\_\_\_\_  
\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO. UNITS: \_\_\_\_\_  ACCEPT  REJECT IPIA SIGNATURE \_\_\_\_\_

2. PROBLEM/NONCONFORMANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE: \_\_\_\_\_  
\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO. UNITS: \_\_\_\_\_  ACCEPT  REJECT IPIA SIGNATURE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Plant Management \_\_\_\_\_ Date \_\_\_\_\_

**MANUFACTURED HOUSING SECTION**

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3. PROBLEM/NONCONFORMANCE: \_\_\_\_\_  
\_\_\_\_\_  
SOURCE: \_\_\_\_\_  
\_\_\_\_\_  
PREVENTATIVE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
NO. UNITS: \_\_\_\_\_  ACCEPT  REJECT IPIA SIGNATURE \_\_\_\_\_

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4. PROBLEM/NONCONFORMANCE: \_\_\_\_\_  
\_\_\_\_\_  
SOURCE: \_\_\_\_\_  
\_\_\_\_\_  
PREVENTATIVE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
NO. UNITS: \_\_\_\_\_  ACCEPT  REJECT IPIA SIGNATURE \_\_\_\_\_

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5. PROBLEM/NONCONFORMANCE: \_\_\_\_\_  
\_\_\_\_\_  
SOURCE: \_\_\_\_\_  
\_\_\_\_\_  
PREVENTATIVE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
NO. UNITS: \_\_\_\_\_  ACCEPT  REJECT IPIA SIGNATURE \_\_\_\_\_

**MANUFACTURED HOUSING SECTION**

<b>Storage:</b> Manufacturer's Equipment and Storage Report	<b>Procedure #</b> MHS- 02	<b>Page #</b> 6 of 6
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**ATTACHMENT C**  
**MANUFACTURER'S EQUIPMENT & STORAGE**  
*Inspection Report*

**MFR:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
**PLANT LOCATION OR #** \_\_\_\_\_  
**NAME OF QC:** \_\_\_\_\_

**QUARTERLY INSPECTION REPORT**

Item	Compliance		Comments
	QC Manual	Regulation	
Rejected Material	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Material Storage	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Appliance Protected	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Tire Depth Gauge	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Tire Gauge	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Fixtures & Jigs Operable	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
QA Manual Updated	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
QA Manual in Pkg. and Prod. Line	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Plans Updated	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Plans in Pkg. & Prod. Line	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Building in Station	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
QC Check List Used in Correct Station	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Complaint Log Up-to-date	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Complaint Files Up-to-date	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Egress Test Equipment	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Continuity Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
GFI Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Polarity Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Gas Line Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Water Line Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Moisture Meter	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Dielectric Tester	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Date Calib _____ Recalib Date _____

Inspected by: \_\_\_\_\_

Manufacturer Representative \_\_\_\_\_