

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

PROCEDURE: MHS - 09	SUBJECT: ENGINEER REPORT REVIEWS
----------------------------	---

DESCRIPTION AND USE: This procedure concerns the review of field office reports by the Manufactured Housing Section (MHS) engineer.

The section engineer is responsible for reviewing several reports each month, some quarterly and others at various times to ensure that staff are doing their jobs properly and to determine if there are patterns of deficiencies in mobile/manufactured home plants which need corrective action and /or reporting to the U.S. Department of Housing and Urban Develop (HUD) or HUD’s monitoring agency, the Institute for Building Technology and Safety (IBTS), and by the Section Supervisor. The reviews include the following:

I. HSMV-81050/Quarterly (Manufacturer’s Equipment & Storage Report) (see Attachment A on page 3).

- A. Review report to assure compliance examiner has inspected each item in the item list.
- B. Review report to assure compliance examiner, Quality Control (QC) manager of the plant, and manufacture management representative has signed the report.

II. HSMV-81052/Quarterly (Overview of Quality Control Report) (see Attachment B on page 4).

Review quarterly report to assure compliance examiner is reviewing 5 files of recently completed homes as a means to determine if manufacturer Q.C. program is functioning adequately.

III. HSMV-81203/Monthly (Time Study Report) (see Attachment C on page 5).

- A. Review monthly report for the total number of CCI (computer coded items) and system violations to determine if a problem exist.
- B. Review monthly report for SD (serious defects) and ISH (imminent safety hazards) that compliance examiner may have identified.

Revisions to the procedure: Attachment A revised 06/15; Attachment B revised 06/15; Deletions made due to being obsolete: K in section IV, VI, VII,VIII, IX, X, XL, XIL, XIIL, ATTACHMENTS: F,G,H,I, K, IBTS Inplant Audit Reports (pgs. 18 through 24 of 24). MHS-09 Procedure is now total of 11 pages. Attachment D revised 01/2016; ATTACHMENT J IS NOW THE ATTACHMENT F.

	EFFECTIVE DATE: 02/15/77	REVISION DATE: 01/05/2016	PAGE # 1 of 11
--	--	---	------------------------------

MANUFACTURED HOUSING SECTION

SUBJECT: ENGINEER REPORT REVIEWS

PROCEDURE: MHS-09

PAGE: 2 of 11

IV. HSMV-81010/monthly (Florida Manufacturer's Inspection Report) (see Attachment D on page 6).

- A. Review report to assure a HUD labeled unit has been inspected during the month.
- B. Review report to assure that at least one plumbing, electrical, egress window and gas test (if available) has been witnessed by the compliance examiner for the month.
- C. Review report to assure compliance examiner is checking material storage.
- D. Review report to verify compliance examiner has reviewed or is using a particular section of the Design Approval Primary Inspection Agency (DAPIA) approved mobile/manufactured home plans during this inspection.
- E. Review comment section for any special comments such as; " Meeting Held With General Manager", "New Plant Personnel", "Up Date Certification", etc. Notify section supervisor of which issue needs Follow up action.
- F. Review to assure that each unit is inspected in at least one stage of production.
NOTE: Yard station does not count.
- G. Review report to see type violation, corrective type action taken, if it was isolated and if an 81009 report is required.
- H. Review CCI # for code violation and if more than one unit is involved.
- I. Review SVF (station violation found) and SVO (station violation occurred) to see if a potential problem may exist in certain stations or if certain stations have problems.

V. HSMV-81009/monthly (Florida Manufacturer's Inspection Supplement Report) (see Attachment E on page 8).

- A. Review report for number of units involved, whether the manufacturer's response was accepted or rejected by compliance examiner and signature of compliance examiner and plant management with date.
- B. Every month the engineer will provide a report to the SAA and IPIA Section Supervisor regarding (1) CCI Finding, (2) Systems Code Findings, (3) Date of Findings, and (4) the Report Numbers where findings were reported.

MANUFACTURED HOUSING SECTION

SUBJECT: ENGINEER REPORT REVIEWS	PROCEDURE: MHS-09	PAGE: 3 of 11
--	--------------------------	----------------------

Attachment A
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 _____

MANUFACTURED HOUSING SECTION

SUBJECT: ENGINEER REPORT
REVIEWS

PROCEDURE: MHS-09

PAGE: 4 of 11

ATTACHMENT B

OVERVIEW OF QUALITY CONTROL

MANUFACTURER: _____	DATE: _____
ADDRESS: _____	
COMPLIANCE EXAMINER SIGNATURE: _____	

UNIT (1)

- A. Serial Number: _____ Manufacturer Date: _____
- B. _____ Were all documents required by the Quality Assurance Manual used and filled out properly?
- C. _____ Quality Control checklist or report requirement performed in each station.
- D. Number of violations recorded by Quality Control. _____
- E. _____ Corrective action recorded by Quality Control.
- F. **TEST RECORDED**
- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Polarity | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Water | <input type="checkbox"/> Continuity | <input type="checkbox"/> Rafter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Dielectric | <input type="checkbox"/> Duct State Pressure |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Operational | <input type="checkbox"/> Egress |

UNIT (2)

- A. Serial Number: _____ Manufacturer Date: _____
- B. _____ Were all documents required by the Quality Assurance Manual used and filled out properly?
- G. _____ Quality Control checklist or report requirement performed in each station.
- H. Number of violations recorded by Quality Control. _____
- I. _____ Corrective action recorded by Quality Control.
- J. **TEST RECORDED**
- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Polarity | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Water | <input type="checkbox"/> Continuity | <input type="checkbox"/> Rafter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Dielectric | <input type="checkbox"/> Duct State Pressure |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Operational | <input type="checkbox"/> Egress |

UNIT (3)

- A. Serial Number: _____ Manufacturer Date: _____
- B. _____ Were all documents required by the Quality Assurance Manual used and filled out properly?
- K. _____ Quality Control checklist or report requirement performed in each station.
- L. Number of violations recorded by Quality Control. _____
- M. _____ Corrective action recorded by Quality Control.
- N. **TEST RECORDED**
- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Polarity | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Water | <input type="checkbox"/> Continuity | <input type="checkbox"/> Rafter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Dielectric | <input type="checkbox"/> Duct State Pressure |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Operational | <input type="checkbox"/> Egress |

UNIT (4)

- A. Serial Number: _____ Manufacturer Date: _____
- B. _____ Were all documents required by the Quality Assurance Manual used and filled out properly?
- O. _____ Quality Control checklist or report requirement performed in each station.
- P. Number of violations recorded by Quality Control. _____
- Q. _____ Corrective action recorded by Quality Control.
- R. **TEST RECORDED**
- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Polarity | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Water | <input type="checkbox"/> Continuity | <input type="checkbox"/> Rafter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Dielectric | <input type="checkbox"/> Duct State Pressure |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Operational | <input type="checkbox"/> Egress |

UNIT (5)

- A. Serial Number: _____ Manufacturer Date: _____
- B. _____ Were all documents required by the Quality Assurance Manual used and filled out properly?
- O. _____ Quality Control checklist or report requirement performed in each station.
- S. Number of violations recorded by Quality Control. _____
- T. _____ Corrective action recorded by Quality Control.
- U. **TEST RECORDED**
- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Polarity | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Water | <input type="checkbox"/> Continuity | <input type="checkbox"/> Rafter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Dielectric | <input type="checkbox"/> Duct State Pressure |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> Operational | <input type="checkbox"/> Egress |

MANUFACTURED HOUSING SECTION

Subject: ENGINEER REPORT REVIEWS

Procedure # MHS-09

Page # 5 of 11

ATTACHMENT C

MANUFACTURER: _____ **MONTH:** _____

TIME STUDY

REGIONAL OFFICE: _____ **COMPLIANCE EXAMINER:** _____

DATE OF INSPECTION	NUMBER INSPECTED		ACTUAL PLANT TIME		TRAVEL TIME	TOTAL TIME	TYPE OF INSPECTION	TOTAL VIOLATIONS		NUMBER OF MH WITH VIOLATIONS	SERIOUS DEFECTS	IMMINENT SAFETY HAZARD
	MH Floors	Review	MH Insp	System				CCI				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
TOTALS												

HSMV-81203 (rev. 4/01)

MANUFACTURED HOUSING SECTION

Subject: ENGINEER REPORT REVIEWS	Procedure # MHS-09	Page # 8 of 11
---	---------------------------	-----------------------

ATTACHMENT E

FLORIDA MANUFACTURER'S INSPECTION SUPPLEMENT REPORT

PLANT: _____

DATE OF INSP.: _____

INSP. REPORT NO.: _____

DUE DATE: _____

1. PROBLEM/NONCONFORMANCE: _____

SOURCE: _____

PREVENTATIVE ACTION: _____

UNITS: _____ ACCEPT REJECT IPIA SIGNATURE _____ NO.

2. PROBLEM/NONCONFORMANCE: _____

SOURCE: _____

PREVENTATIVE ACTION: _____

NO. UNITS: _____ ACCEPT REJECT IPIA SIGNATURE _____

COMMENTS: _____

Signature: Plant Management _____ Date _____

MANUFACTURED HOUSING SECTION

Subject: ENGINEER REPORT REVIEWS	Procedure # MHS-09	Page # 9 of 11
---	---------------------------	-----------------------

3. PROBLEM/NONCONFORMANCE: _____

SOURCE: _____

PREVENTATIVE ACTION: _____

NO. UNITS: _____ ACCEPT REJECT IPIA SIGNATURE _____

4. PROBLEM/NONCONFORMANCE: _____

SOURCE: _____

PREVENTATIVE ACTION: _____

NO. UNITS: _____ ACCEPT REJECT IPIA SIGNATURE _____

5. PROBLEM/NONCONFORMANCE: _____

SOURCE: _____

PREVENTATIVE ACTION: _____

NO. UNITS: _____ ACCEPT REJECT IPIA SIGNATURE _____

MANUFACTURED HOUSING SECTION

Subject: ENGINEER REPORT REVIEWS	Procedure # MHS-09	Page # 10 of 11
---	---------------------------	------------------------

ATTACHMENT F

PART A

INCREASED FREQUENCY OF INSPECTIONS

NAME OF MANUFACTURER _____ **REPORT#** _____

ADDRESS: _____ **DATE:** _____

GENERAL MANAGER: _____

PRODUCTION MANAGER: _____

QUALITY CONTROL MANAGER: _____

POSSESSION OF LABELS: **MANUFACTURER** **REGIONAL OFFICE**

REASONS: _____

PART B

INCREASED FREQUENCY INSPECTION LOG

Date	Type Inspection	# Stations in Line	# Stations Inspected	81010 Report#	No.of Computer Code Items	# Systems Control Issues	Inspector's Signature

Inspection Code:

- | | | |
|------------------------------|--------------------------------|-----------------------------|
| A Increased Frequency | C Plant Approval | E Regular Inspection |
| B 100% | D Certification Up-Date | |

