TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

www.tdlr.texas.gov

Boiler Equipment Report of Inspection

PURSUANT TO CHAPTER 755, HEALTH AND SAFETY CODE, 16 TX ADMINISTRATIVE CODE, CHAPTER 65, AND OCCUPATIONS CODE CHAPTER 51

TX# *	*		STATUS: *			
TX081754	☐ 1ST INSPECTION ☑ SUBSEQUENT	☑ INTERNAL ☐ EXTERNAL ☐ NON-CERTIFICATE	☑ ACTIVE ☐ JUNKED	☐ DISCONNECTED IN PLACE ☐ DISPOSITION UNKNOWN	☐ EXEMPT	☐ NEW ☐ 2ND HAND

IDENTIFIED BY: * ☐ DECAL ☑ STAMP ☐ TAG | VARIANCE: * ☐ YES ☑ NO | TEXAS SPECIAL: * ☐ YES ☑ NO

PHYSICAL ADDRESS (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
NAME * **Atkinson Candy Company**	NAME **Atkinson Candy Company**	NAME **Atkinson Candy Company**
(Address 1) * **1608 W Frank Ave**	(Address 1) **1608 W Frank Ave**	(Address 1) **PO Box 150220**
(City, State, Zip) * **Lufkin, TX 75904-3109**	(City, State, Zip) **Lufkin, TX 75904-3109**	(City, State, Zip) **Lufkin, TX 75915-0220**
LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: **Thomas Byrns**
OBJECT LOCATION: * **Boiler Room**	BUSINESS EMAIL: Nature of Business: **Production**	CONTACT PHONE: **936-639-2333 Ext.115** BUSINESS EMAIL: **maintenance2@atkinsoncandy.com**

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
York Shipley	**013788**	**73-7937H-58209**	**SPH-250 N2 1120081**

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	**1973**	**12**	**Fire Tube**	**Power Boiler**	**Steam Greater than 15 PSI**	**1250**			**10000-LB/HR**	**S**

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE	FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * **150** LOWEST * **150**	TOTAL CAP. * **17421**	# OF SAFETIES **2** ☐ BTU/HR ☑ #/HR	☐ PROBE TYPE ☑ FLOAT & CHAMBER ☐ FLOW SWITCH ☐ OTHER _____ MAWP: **150**	**Natural Gas**	**10468000** BTU/HR OUTPUT **8625000**

EXPANSION TANK ASME * ☐ YES ☐ NO ☑ N/A | EXPANSION TANK MAWP | EXTERNAL PIPE ASME ☑ YES ☐ NO ☐ N/A

EXTENSION INSPECTION? ☐ YES ☐ NO | EXTENSION APPROVAL DATE (IF APPLICABLE)

Comments: No adverse conditions at this time.

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

SIGNATURE OF INSPECTOR	TX COMMISSION #	INSPECTION ORG.
Earl Tullis	1708	Travelers

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *	DATE (MM/DD/YY) *
Thomas Byrns	11/10/2020

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? * ☑ YES ☐ NO (IF NO, EXPLAIN FULLY UNDER VIOLATIONS)