



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
(512) 463-6599 - (800) 803-9202
Fax (512) 475-2871 csboiler@tdlr.texas.gov

Technical
(512) 539-5716
boilers@tdlr.texas.gov

P.O. Box 12157 - Austin, Texas 78711 - 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# * TX207024	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/> 2ND HAND	<input type="checkbox"/> NEW
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IDENTIFIED BY: * <input checked="" type="checkbox"/> DECAL <input type="checkbox"/> STAMP <input type="checkbox"/> TAG	VARIANCE: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TEXAS SPECIAL: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
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NAME * The Continental	NAME WARE MEMORIAL CARE CENTER	NAME WARE MEMORIAL CARE CENTER
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(Address 1) * 1300 S Jackson St	(Address 1) 400 W 14TH STREET	(Address 1) 400 W 14TH STREET
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(City, State, Zip) * Amarillo, TX 79101-4156	(City, State, Zip) AMARILLO, TX 79101	(City, State, Zip) AMARILLO, TX 79101
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LOCATION PHONE:	OWNER PHONE: 8063374064	CONTACT NAME: WARE MEMORIAL CARE CEN
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OBJECT LOCATION: * Boiler Room	OWNER EMAIL:	CONTACT PHONE: 8063374064
	Nature of Business: Housing	CONTACT EMAIL:

MANUFACTURER * LOCHINVAR	NAT'L BOARD # 104660	SERIAL NUMBER H998504	MFGR MODEL #
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
160	1999	24	Water Tube	Hot Water Heating	120				H


SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 100	TOTAL CAP. * 2075000	# OF SAFETIES 1	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	<input checked="" type="checkbox"/> FLOW SWITCH	Natural Gas	1260000
LOWEST * 100	<input checked="" type="checkbox"/> BTU/HR	<input type="checkbox"/> #/HR	<input type="checkbox"/> OTHER _____	BTU/HR OUTPUT 1016000			
EXPANSION TANK ASME * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			EXPANSION TANK MAWP	125	EXTERNAL PIPE ASME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		

EXTENSION INSPECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments:

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
 Joshua Quintero

2064
 TX COMMISSION #

CNA Insurance Company
 INSPECTION ORG.

Timothy Seth
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

01/10/2019
 DATE (MM/DD/YY) *

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