



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# * TX176528	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/> NON-CERTIFICATE	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NEW <input type="checkbox"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> 2ND HAND
-------------------	---	--	--	-----------------------------------

IDENTIFIED BY: * <input type="checkbox"/> DECAL <input type="checkbox"/> STAMP <input checked="" type="checkbox"/> TAG	VARIANCE: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TEXAS SPECIAL: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	--

PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
---	---------------	-----------------

NAME * Spansion Inc	NAME Spansion Inc	NAME SPANSION INC
-------------------------------	-----------------------------	-----------------------------

(Address 1) * 5204 E Ben White Blvd	(Address 1) 5204 E Ben White Blvd	(Address 1) 5204 E Ben White Blvd
---	---	---

(City, State, Zip) * Austin, TX 78741-7306	(City, State, Zip) Austin, TX 78741-7306	(City, State, Zip) Austin, TX 78741-7306
--	--	--

LOCATION PHONE: 512.934.5773	OWNER PHONE:	CONTACT NAME: Doug Guinn, Facilities Plant Speci
-------------------------------------	--------------	---

OBJECT LOCATION: * Main Boiler Plant	OWNER EMAIL:	CONTACT PHONE: 512.934.5773
--	--------------	------------------------------------

MANUFACTURER * Cleaver Brooks	NAT'L BOARD # 007874	SERIAL NUMBER L94874	MFGR MODEL # CBE-200-700
---	--------------------------------	--------------------------------	------------------------------------

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
125	1995	24	Fire Tube	Hot Water Heating	3500		28000000-BTU/HR		H

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 125	TOTAL CAP. * 39662000	# OF SAFETIES 2	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	29300000	BTU/HR OUTPUT 23432000
LOWEST * 125	<input checked="" type="checkbox"/> BTU/HR <input type="checkbox"/> #/HR	MAWP: 250	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			

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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
--	-------------------------	---

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

Comments: Waterside surfaces are clean. Fireside areas of tubes and external surfaces had no indications of leakage, overheating or abnormal conditions. LWCO F/C chamber and piping was clean and clear of obstructions and the float operation was satisfactory. The boiler controls and gages were found to be in good condition. Pressure relief valves had no indications of damage or defective conditions.

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
 David Cummins

1688

 TX COMMISSION #

0110

 INSPECTION ORG.

Doug Guinn, Maint, 210-934-5773

 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

09/10/2014

 DATE (MM/DD/YY) *

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? *	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(IF NO, EXPLAIN FULLY UNDER VIOLATIONS)
---	---	---