



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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## 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# *	<input type="checkbox"/> 1ST INSPECTION	<input type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> EXTERNAL	STATUS: *	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> DISCONNECTED IN PLACE	<input type="checkbox"/> EXEMPT	<input checked="" type="checkbox"/> NEW
TX272063	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE			<input type="checkbox"/> JUNKED	<input type="checkbox"/> DISPOSITION UNKNOWN		<input type="checkbox"/> 2ND HAND

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 *	NAME	NAME
Houston Methodist West Hospital	Houston Methodist West Hospital	Houston Methodist West Houston

(Address 1) *	(Address 1)	(Address 1)
18500 Katy Fwy	18500 Katy Fwy	18500 Katy Fwy

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
Houston, TX 77094-1110	Houston, TX 77094-1110	Houston, TX 77094-1110

LOCATION PHONE: 8325221503	OWNER PHONE:	CONTACT NAME: Tommy Wong, Facility Manager
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OBJECT LOCATION: *	BUSINESS EMAIL:	CONTACT PHONE: 832-522-0054
Central Plant	Nature of Business: Hospitals	BUSINESS EMAIL: tmwong@houstonmethodist.org

MANUFACTURER *	NATL BOARD #	SERIAL NUMBER	MFGR MODEL #
Advanced Thermal Hydronics		71644044	KN - 20WW

Boiler MAWP	YEAR BUILT	INTERVAL	BLR TYPE	BLR USE CLASS	BLR USE	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP
100	2016	24	Cast Iron	Hot Water Heating Boiler	Building Heat			1700-LB/HR		H

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	1999999		BTU/HR OUTPUT	
75	2728000	1	<input checked="" type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
LOWEST *		<input checked="" type="checkbox"/> BTU/HR <input type="checkbox"/> #/HR	MAWP: 250		1853999				

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
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EXTENSION INSPECTION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: External inspection completed while boiler in service. No evidence of leakage or overheating noted. Controls and safety devices inspected, LWCO, SV, High Limit, fuel train, pressure switches etc. No major repairs or parts replaced since the previous inspection. Combustion air intake unobstructed, observed firing cycle. Temp/Pressure gage appears to be functioning properly. Successful test of SRV and LWCO.

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

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

*Mark Hyams*  
 SIGNATURE OF INSPECTOR  
 Mark Hyams

1911  
 TX COMMISSION #

Chubb  
 INSPECTION ORG.

Tommy Wong, Facility Manager  
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

07/21/2021  
 DATE (MM/DD/YY) \*

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