TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division - Boiler Program - 920 Colorado - Austin, TX 78701
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REPAIR REQUIREMENTS

TEXAS BOILER NUMBER _____

☐ CERTIFICATE INSPECTION ☐ NON-CERTIFICATE INSPECTION

☐ ELECTRONIC INSPECTION REPORT ☐ HARD-COPY INSPECTION REPORT

NAME _____ ADDRESS _____

CITY/STATE/ZIP CODE _____ PHONE/E-MAIL _____

Dear Sir or Madam:
The above referenced boiler was inspected by _____ on _____ and the following repairs are necessary before the boiler will meet the requirements of the Texas Boiler Law and Rules to be issued a Certificate of Operation.

REFERENCE	ITEM	INSTRUCTION	SPECIFICATIONS	COMPLETED
	☐ safety valve ☐ safety-relief valve	☐ install ☐ repair ☐ replace	☐ use an ASME, National Board certified valve, maximum set _____ PSIG, minimum relieving capacity _____ #HR/Btu HR, minimum size _____ ☐ other _____	☐ yes ☐ no ☐ yes ☐ no
	☐ temperature gage ☐ pressure gage	☐ install ☐ repair ☐ replace	☐ minimum range of gage _____ ☐ location of gage _____ ☐ other _____	☐ yes ☐ no ☐ yes ☐ no
	☐ expansion tank ☐ external piping	☐ install ☐ repair ☐ replace	☐ use an ASME Code expansion tank, minimum working pressure _____ PSIG, minimum gallon capacity _____ ☐ other _____	☐ yes ☐ no ☐ yes ☐ no
	☐ low water fuel cutoff ☐ water gage glass	☐ install ☐ repair ☐ replace	☐ low water fuel cutoff, minimum working pressure _____ PSIG Type of LWFCO _____ ☐ other _____	☐ yes ☐ no ☐ yes ☐ no
Other requirements: _____				☐ yes ☐ no
_____				☐ yes ☐ no
_____				☐ yes ☐ no
_____				☐ yes ☐ no

Have these repairs corrected and notify Inspector _____ at phone #_____ within _____ days of _____. **Failure to comply with these requirements will result in the discontinued use of this boiler or cause the owner/operator to be subject to the criminal penalties of Chapter 755 of the Health and Safety Code and the sanctions of Chapter 51 of the Texas Occupations Code including administrative penalties in an amount not to exceed $5,000 for each violation.**

OWNER/OPERATOR _____ DATE _____ INSPECTOR _____ COMMISSION # _____

☐ VARIANCE RECOMMENDED

☐ VARIANCE **NOT** RECOMMENDED

☐ REPAIRS **NOT** COMPLETE, FORWARD TO CHIEF INSPECTOR

☐ REPAIRS COMPLETE - **SIGN BELOW**

☐ TIME EXTENDED TO _____

_____
INSPECTOR'S AUTHORIZATION FOR EXTENDED REPAIR TIME

OWNER/OPERATOR _____ DATE _____ INSPECTOR _____ COMMISSION # _____ DATE _____