



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Boiler Program

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## Boiler SUPPLEMENTAL REPORT

TX # \_\_\_\_\_

Date \_\_\_\_\_

1. Location Name \_\_\_\_\_

2. Object Address \_\_\_\_\_

(street, city, state, ZIP)

3. Location On Site \_\_\_\_\_

Supplement to Form(s):

First Inspection Report

Subsequent Inspection Report

Repair Requirement Form

Disconnected Boiler Notice

Accident Report

Liquid Pressure Test Report

Remarks:

Large empty rectangular box for entering remarks.

\_\_\_\_\_  
Name of Authorized/Deputy Inspector

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Inspection Organization

\_\_\_\_\_  
TX Commission Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Operator (name)

\_\_\_\_\_  
Title

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