



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Boiler Program

P. O. Box 12157 • Austin, Texas 78711 • (512) 539-5716 • Fax (512) 539-5687

Email Address: boilers@tdlr.texas.gov

Web site: www.tdlr.texas.gov

Date: _____

BOILER LIQUID PRESSURE TEST REPORT

TX # _____ Company Name _____

Object Address _____

Boiler Type _____ MAWP _____ Normal Operating Pressure _____ Pressure Applied _____

Safety/Relief Valve Set Pressure _____ Gag Applied YES NO If yes, by whom _____

Safety/Relief Valve Removed for Test YES NO Lockout / Tagout YES NO Test Gage Serial Number _____

Test Pressure Gage Range _____ Calibrated YES NO If yes, date calibrated _____

Test Duration _____ Company/Person Applying Test _____

Type of Pump Used _____ Other NDE Performed _____

Reason for Test _____

Test Result /Disposition _____

Name of Authorized /Deputy Inspector _____

Signature _____

Texas Commission # _____

NB Commission # _____

Inspection Organization _____

Owner/Operator Name _____

Signature _____ Date _____

Caution: Refer to the Texas Boiler Law and Rules and the NBIC for Liquid Pressure Test requirements prior to conducting the test.
Please draw a diagram showing pump and powering media, isolation valve(s), pressure gage(s), safety relief valve(s) and boiler