



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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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# * TX274267	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input type="checkbox"/> EXTERNAL <input type="checkbox"/>	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/>	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> 2ND HAND
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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 (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
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NAME *	NAME	NAME
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Bally Plus Food Solut	Bally Plus Food Solutions	Bally Plus Food Solutions
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(Address 1) *	(Address 1)	(Address 1)
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115 S International Rd	115 S International Rd Ste A	115 S International Rd Ste A
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Garland, TX 75042-6533	Garland, TX 75042-6533	Garland, TX 75042-6533
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LOCATION PHONE: 972-485-8878	OWNER PHONE: 972-485-8878	CONTACT NAME: Bob Cocat
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: 972-485-8878
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Boiler Room	Nature of Business: Food	CONTACT EMAIL:
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Fulton	123336	PV-432-PP	UCS 69
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2016	12	Fire Tube	Process	180				S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
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SET PRESSURE HIGHEST * 150	TOTAL CAP. * 2585	# OF SAFETIES 1	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR INPUT 2511000	
LOWEST * 150		<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT 2009000	
			MAWP: 160				

EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: No adverse conditions noted at this time.

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
Edward Pickett

2076

TX COMMISSION #

INSPECTION ORG.

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*
Bob Cocat

01/23/2019

DATE (MM/DD/YY) *

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