TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
(512) 463-6599 - (800) 803-9202
Fax (512) 475-2871 csboiler@tdlr.texas.gov

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(512) 539-5716
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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	* ☑ 1ST INSPECTION ☐ SUBSEQUENT	☑ INTERNAL ☐ EXTERNAL ☐ NON-CERTIFICATE	STATUS: * ☑ ACTIVE ☐ DISCONNECTED IN PLACE ☐ EXEMPT ☐ JUNKED ☐ DISPOSITION UNKNOWN	☑ NEW ☐ 2ND HAND

IDENTIFIED BY: * ☑ DECAL ☐ STAMP ☐ TAG | VARIANCE: * ☐ YES ☑ NO | TEXAS SPECIAL: * ☐ YES ☑ NO

PHYSICAL ADDRESS (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
NAME * **BALLY PLUS FOOD SOLUTIONS**	NAME **Bally Plus Food Solutions**	NAME **Bally Plus Food Solutions**
(Address 1) * **115 S International Rd**	(Address 1) **115 S International Rd Ste A**	(Address 1) **115 S International Rd Ste A**
(City, State, Zip) * **Garland, TX 75042-6533**	(City, State, Zip) **Garland, TX 75042-6533**	(City, State, Zip) **Garland, TX 75042-6533**
LOCATION PHONE: **972-485-8878**	OWNER PHONE: **972-485-8878**	CONTACT NAME: **Bob Cocat**
OBJECT LOCATION: * **Boiler Room**	OWNER EMAIL: Nature of Business: **Food**	CONTACT PHONE: **972-485-8878** CONTACT EMAIL:

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Fulton	**123336**	**PV-432-PP**	**UCS 69**

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
SET PRESSURE HIGHEST * **150** LOWEST * **150**	TOTAL CAP. * **2585**	# OF SAFETIES **1** ☐ BTU/HR ☑ #/HR	☑ PROBE TYPE ☐ FLOAT & CHAMBER ☐ FLOW SWITCH ☐ OTHER _____ MAWP: **160**	**Natural Gas**	**2511000** BTU/HR OUTPUT **2009000**

EXPANSION TANK ASME * ☐ YES ☐ NO ☑ N/A | EXPANSION TANK MAWP | EXTERNAL PIPE ASME ☐ YES ☐ NO ☑ N/A

EXTENSION INSPECTION? ☐ YES ☐ NO | EXTENSION APPROVAL DATE (IF APPLICABLE)

Comments:

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	TX COMMISSION #	INSPECTION ORG.
Russell Lansberry	1835	

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *	DATE (MM/DD/YY) *
none	02/14/2018

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