



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# *	<input type="checkbox"/> 1ST INSPECTION	<input checked="" type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	STATUS: *	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> DISCONNECTED IN PLACE	<input type="checkbox"/> EXEMPT	<input checked="" type="checkbox"/> NEW
TX265518	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE			<input type="checkbox"/> JUNKED	<input type="checkbox"/> DISPOSITION UNKNOWN		<input type="checkbox"/> 2ND HAND

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 <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
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NAME *	NAME	NAME
Grupo Proeza, S.A.P.I. de C.V. "Citrofrut USA LLC"	CITROFRUT USA LLC	CITROFRUT USA LLC

(Address 1) *	(Address 1)	(Address 1)
4200 W Ursula Ave	4200 W Ursula Ave	4200 W Ursula Ave

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
McAllen, TX 78503-9025	McAllen, TX 78503-9025	McAllen, TX 78503-9025

LOCATION PHONE:	OWNER PHONE: 956-971-8560	CONTACT NAME: CITROFRUT USA LLC
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: 956-971-8560
Boiler Rm	Nature of Business: Agriculture	CONTACT EMAIL:

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Cleaver Brooks	15718	M43475	CFH

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2015	12	Fire Tube	Power	573		2007-LB/HR	2007-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT	
150	5170	1	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			
LOWEST * 150		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 150			

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: During my visit, I internally and externally inspected the boiler for any signs of leakage or overheating. The boiler room and foundation appeared to be in good condition. I reviewed the SRV's, low water cut-off, pressure / temperature gage, gas flue piping and all other associated items. No recommendations were made as a result of this inspection.

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
 Derrick Lindemann

1884
 TX COMMISSION #

0110
 INSPECTION ORG.

 Isreal Campos - Maintenance
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

12/21/2017
 DATE (MM/DD/YY) *

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