



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

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

**Technical**  
 (512) 539-5716  
 boilers@tdlr.texas.gov

P.O. Box 12157 - Austin, Texas 78711 - www.tdlr.texas.gov

## 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
TX265443	<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
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<b>Bakery Express</b>	<b>BAKERY EXPRESS</b>	<b>BAKERY EXPRESS</b>
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(Address 1) *	(Address 1)	(Address 1)
<b>1301A Ridgeview Ste 400</b>	<b>ATTN: MANAGEMENT 1301 A RIDGEVIEW DR STE 400</b>	<b>ATTN: MANAGEMENT 1301 A RIDGEVIEW DR STE 400</b>

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
<b>Lewisville, TX 75057-6019</b>	<b>LEWISVILLE, TX 75057</b>	<b>LEWISVILLE, TX 75057</b>

LOCATION PHONE:	OWNER PHONE: <b>9722218394</b>	CONTACT NAME: <b>BAKERY EXPRESS</b>
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OBJECT LOCATION: *	OWNER EMAIL: <b>krocha@bakeryexpress.biz</b>	CONTACT PHONE: <b>9722218394</b>
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<b>Boiler Rm</b>	Nature of Business: <b>Food</b>	CONTACT EMAIL: <b>krocha@bakeryexpress.biz</b>
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
<b>Electro-Steam/Pemberton</b>	<b>001804</b>	<b>41487</b>	<b>1b150</b>

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
<b>100</b>	<b>2015</b>	<b>12</b>	<b>Electric</b>	<b>Steam Heating</b>			<b>518-LB/HR</b>	<b>845-LB/HR</b>	<b>M</b>

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	<b>Electricity</b>	<b>511824</b>
<b>100</b>	<b>851</b>	<b>1</b>	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT
LOWEST *			<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: <b>100</b>	

EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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: Serviceable. Large amount of scale removed. Carbon Monoxide 0 ppm

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  
 Jim Jake Templin

1801  
 \_\_\_\_\_  
 TX COMMISSION #

TDLR  
 \_\_\_\_\_  
 INSPECTION ORG.

tracy hudson, plant engineer  
 \_\_\_\_\_  
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION\*

11/01/2017  
 \_\_\_\_\_  
 DATE (MM/DD/YY) \*

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