



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 checked="" type="checkbox"/> 1ST INSPECTION <input 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 <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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Citrofrut Usa	CITROFRUT USA LLC	CITROFRUT USA LLC
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(Address 1) *	(Address 1)	(Address 1)
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4200 W Ursula Ave	ATTN: ACCOUNTS PAYABLE 4200 W Ursula Ave	ATTN: ACCOUNTS PAYABLE 4200 W Ursula Ave
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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McAllen, TX 78503-9025	McAllen, TX 78503-9025	McAllen, TX 78503-9025
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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
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Boiler Rm	Nature of Business: Agriculture	CONTACT EMAIL:
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Cleaver Brooks	15718	M43475	CFH
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
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150	2015	12	Fire Tube	Power	573		2007-LB/HR	2007-LB/HR	S
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SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
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SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT
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LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____	
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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: Internal revealed a clean well maintained boiler. No scale buildup detected at this time. Handhold near feedwater is stuck.

See Supplemental Report for complete list of open violations

I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

Tim Larrew

SIGNATURE OF INSPECTOR

Tim Larrew

1831

TX COMMISSION #

INSPECTION ORG.

Israel Compos, 956 330-2449, maint

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

12/01/2015

DATE (MM/DD/YY) *

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



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Boiler Equipment Report of Inspection - Supplemental Report

TX # TX265518

Date: 12/01/2015

Location Name Citrofrut Usa

Object Address ATTN: ACCOUNTS PAYABLE 4200 W Ursula Ave, McAllen, TX 78503-9025

Location On Site Boiler Rm

Comments:

Internal revealed a clean well maintained boiler. No scale buildup detected at this time. Handhold near feedwater is stuck.

Remarks:

1 - 65.607(a)(7)(B)

COND: On the safety valve outlet an elbow is not placed close to the valve and/or the discharge pipe is not secured adequately. Relief valve vents vertically, no hole provided in elbow to relieve any pressure due to condensation? Collected in relief valve elbow.

Name of Authorized/Deputy Inspector Tim Larrew Signature 

Inspection Organization _____ TX COMMISSION # 1831 Date 12/01/2015

Owner/Operator CITROFRUT USA LLC Title _____
Name