



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

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# * TX274267	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/> NON-CERTIFICATE	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> EXEMPT <input type="checkbox"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN	<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 * Bally Plus Food Solut	NAME Bally Plus Food Solutions	NAME Bally Plus Food Solutions
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(Address 1) * 115 S International Rd	(Address 1) 115 S International Rd Ste A	(Address 1) 115 S International Rd Ste A
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(City, State, Zip) * Garland, TX 75042-6533	(City, State, Zip) Garland, TX 75042-6533	(City, State, Zip) 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: * Boiler Room	BUSINESS EMAIL: Nature of Business: Food	CONTACT PHONE: 972-485-8878 BUSINESS EMAIL:
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MANUFACTURER * Fulton	NAT'L BOARD # 123336	SERIAL NUMBER PV-432-PP	MFGR MODEL # ICS 69
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2017	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	180		2070-LB/HR	2009-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 150	TOTAL CAP. * 2571	# OF SAFETIES 1	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	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
EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			EXPANSION TANK MAWP 160		EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: (1) NO ADVERSE CONDITIONS NOTED AT TIME OF INSPECTION CO -0

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
 Don Crow

1797

 TX COMMISSION #

TDLR

 INSPECTION ORG.

 DONALD SMITH/ CONTRACTOR
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

05/12/2022

 DATE (MM/DD/YY) *

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