



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# * TX260053	* <input type="checkbox"/> 1ST INSPECTION <input checked="" 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
-------------------	---	--	---	---	--	---	--

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
--	---	--

PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
---	---------------	-----------------

NAME * United Laboratories Manufacturing LLC	NAME UNITED ONE INTERNATIONAL LABS	NAME United Laboratories Manufacturing LLC
--	--	--

(Address 1) * 1541 Champion Drive	(Address 1) 1541 Champion Dr	(Address 1) 1541 Champion Dr
---	--	--

(City, State, Zip) * Carrollton, TX 75006-6814	(City, State, Zip) Carrollton, TX 75006-6814	(City, State, Zip) Carrollton, TX 75006-6814
--	--	--

LOCATION PHONE: 972-490-3300	OWNER PHONE: (972)490-3300	CONTACT NAME: Jeff Ramsey-El
-------------------------------------	-----------------------------------	-------------------------------------

OBJECT LOCATION: *	OWNER EMAIL: jjgibson@united1labs.com	CONTACT PHONE: 817 907-3869
--------------------	--	------------------------------------

PRODUCTION	Nature of Business: Manufacture	CONTACT EMAIL: jramsey@united1Labs.com
-------------------	--	---

MANUFACTURER * PACIFIC STEAM	NAT'L BOARD # 12769	SERIAL NUMBER 12769	MFGR MODEL # PSE36
--	-------------------------------	-------------------------------	------------------------------

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
100	2013	12	Electric	Power	14		122-LB/HR	122-LB/HR	M

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 100	TOTAL CAP. * 644	# OF SAFETIES 1	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	MAY BE: 150	Electricity	126000
LOWEST * 100	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			BTU/HR OUTPUT

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
--	---------------------	---

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> 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
Jeffery Clark

2014

TX COMMISSION #

Travelers

INSPECTION ORG.

Jeff

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

12/30/2018

DATE (MM/DD/YY) *

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