



# 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 type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input checked="" 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 * <b>Bally Plus Food Solut</b>	NAME <b>Bally Plus Food Solutions</b>	NAME <b>Bally Plus Food Solutions</b>
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(Address 1) * <b>115 S International Rd</b>	(Address 1) <b>115 S International Rd Ste A</b>	(Address 1) <b>115 S International Rd Ste A</b>
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(City, State, Zip) * <b>Garland, TX 75042-6533</b>	(City, State, Zip) <b>Garland, TX 75042-6533</b>	(City, State, Zip) <b>Garland, TX 75042-6533</b>
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LOCATION PHONE: <b>972-485-8878</b>	OWNER PHONE: <b>972-485-8878</b>	CONTACT NAME: <b>Bob Cocat</b>
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OBJECT LOCATION: * <b>Boiler Room</b>	BUSINESS EMAIL: Nature of Business: <b>Food</b>	CONTACT PHONE: <b>972-485-8878</b> BUSINESS EMAIL:
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MANUFACTURER * <b>Fulton</b>	NAT'L BOARD # <b>123336</b>	SERIAL NUMBER <b>PV-432-PP</b>	MFGR MODEL # <b>ICS 69</b>
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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	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
SET PRESSURE 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 this time 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.

*Don Crow*  
 \_\_\_\_\_  
 SIGNATURE OF INSPECTOR  
 Don Crow

1797  
 \_\_\_\_\_  
 TX COMMISSION #

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

HOMER  
 \_\_\_\_\_  
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

04/18/2022  
 \_\_\_\_\_  
 DATE (MM/DD/YY) \*

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