



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

## BOILER/PRESSURE VESSEL ACCIDENT REPORT

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

**Comm. 41.38 (1) Reporting accidents** Whenever a boiler or pressure vessel fails and causes injury to any person, the owner or user shall report in writing the facts involved to the department within the following 24 hours. The owner or user may not remove or disturb the boiler or pressure vessel or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or preventing further property damage.

**If an accident has occurred the department may be contacted at Phone: (608) 266-7548 during normal business hours. The State Division of Emergency Management can be contacted at (800) 943-0008 during non-business hours.**

**Comm. 41.57 Report of Incident (Nuclear Power Plants)** The owner or the owner's agent shall report to the department any incident involving pressure-retaining components within the scope of section XI of the ASME code which requires notification to the U.S. nuclear regulatory commission. The report shall be filed coincident with the report to the U.S. nuclear regulatory commission

Name of Injured:	Date of Injury:	Time of Injury:
Address:	City:	State:
Nature of Injury:		Telephone:

Did Accident Cause a Fatality:     Yes     No

Was Boiler/Pressure Vessel or parts moved:  Yes     No    Contractor / Inspector Notified:  Yes     No  
 If Yes Reason: \_\_\_\_\_ If Yes Name(s) and Telephone Number(s)

Describe fully how accident occurred and state what injured was doing when the accident occurred, Include attachments if necessary:

Name(s) and Telephone Number(s) of Witness:

Does Boiler/Pressure Vessel have a Permit to Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection:
Name of Person Filing Report (Please Print Clearly)	Company or Firm
Signature of Person Filing Report	Date of this Report

**This Report Shall Be Filed With the Department of Commerce Within 24 Hours of Accident  
 A Copy of This Report Should Be Forwarded to the Owner**