



Safety and Buildings Division  
 Boiler/Pressure Vessel Safety Program  
 P.O. Box 2538  
 Madison, WI 53701-2538  
 Ph: (608) 266-7548  
 Fax: (608) 267-9723

# Anhydrous Ammonia Accident Report

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

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| <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>         |

**SPS 343.16 Accident Reporting.** Whenever an accident occurs that relates to the operation an anhydrous ammonia installation and causes personal injury requiring professional medical attention, the owner or operator shall report the facts involved to the department within two business days. The owner or user may not remove or disturb the ammonia storage 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 608-266-7548 during normal business hours. The state Division of Emergency Management can be contacted at 800-943-0008 during non-business hours.**

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

Did Accident Cause a Fatality:  Yes  No  
 Was Ammonia Storage 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 attachment if necessary:

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

|   |                          |
|---|--------------------------|
| Does Ammonia Storage 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 must be filed with the Department of Safety and Professional Services within two days of accident.**

**A copy of this report should be forwarded to the owner.**