



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>

**SPS 341.38 (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) 622-6587 during normal business hours. The Wisconsin Emergency Management can be contacted at (800) 943-0003 Ext. 2 during non-business hours.**

**SPS 341.57 Report of Incident (Nuclear Power Plants)** The owner or user shall report to the department any incident involving pressure-retaining components that are within the scope of the NRC regulations, if the incident must be reported to the NRC. The report shall be filed coincident with the report to the NRC.

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

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 (Print Clearly):	Company or Firm:
Signature of Person Filing Report:	

**This report shall be filed with the Department of Safety and Professional Services within 24 hours of accident  
 A copy of this report should be forwarded to owner**