



# Regulated Object Inspection Report

DIVISION of INDUSTRY SERVICES  
P.O. Box 7302  
Madison, Wisconsin, 53707-7302  
dsps.wi.gov

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

<b>Owner and/or Billing Contact Info:</b>			<b>Object Location:</b>			Investigation ID:	<b>Regulated Object ID</b>		
Name:			Site:			Date Inspected:	Inspection Fee:	Special Fee:	PTO Fee:
Address:			Address:			None	None	None	None
City:			City:						
State/Zip: ,			State/Zip: ,						
Phone:			County:			<input type="checkbox"/> Issue PTO	<input type="checkbox"/> <b>PTO on hold</b>		
			Location On Property:			<input type="checkbox"/> Initial	<input type="checkbox"/> Special	<input type="checkbox"/> Re-inspection	
<b>Regulated Object Information</b>			<b>Attributes</b>						
<b>WI Registration Tag # A:</b>			Container Surface Area: Sq Ft		Max Working Pressure Allow:				
Family:			Container Use: NH3		Safety Valve: Set:				
Type:			Manufacturer:		Valve Capacity:				
Last Investigation: Cycle: 3 yr			Manufacturer ID: NB# SN#		Pressure Test Done: <input type="checkbox"/> Yes				
PTO Expiration: Next:			Year Built:		PSI:				
History: Pressure test: PSI:			Container Capacity: Gal		Total Number of Nurse Tks:				
<u>Date</u> <u>Description</u>					Total Inspected:				
					Sum Code:				
Inspector Name:			Employed By:			Onsite Contact:			
E-mail:									
Wisconsin Credential:									
<b>I certify this is a true and accurate report of my inspection.</b>						Contact's Phone:			
Signature:			Phone:	FAX:		Contact E-mail address			
<b>REMARKS:</b>									
Item No.	Code Section	<b>Code violations listed below shall be corrected by COMPLIANCE DATE: _____*</b> *See the bottom of this report for important compliance information regarding this <b>ORDER</b>							
<b>Department Order</b>									
<p>This <b>DEPARTMENT ORDER</b> is issued as a result of an inspection conducted for the Regulated Object referenced on this report. You are hereby ordered to have the listed violation(s) corrected to conform to the indicated provisions of the Wisconsin Administrative code and/or statutes. These violations must be corrected by the Compliance Date noted, and upon correction of the violations, the inspector who signed this report must be notified in writing. If you fail to comply, this order is enforceable in circuit court pursuant to s.101.02 (13), Stats., with forfeitures ranging from \$10 to \$100 per day for each violation. In addition, the Department may attach a notice of violation to the deed for the property on which the violations occur. If you have questions regarding this matter, please feel free to contact the inspector at the number provided on this report.</p>									

## **Department Order**

This **DEPARTMENT ORDER** is issued as a result of an inspection conducted for the Regulated Object referenced on the front of this report. You are hereby ordered to have the listed violation(s) corrected to conform to the indicated provisions of the Wisconsin Administrative code and/or statutes. These violations must be corrected by the Compliance Date noted, and upon correction of the violations, the inspector who signed this report must be notified in writing. If you fail to comply, this order is enforceable in circuit court pursuant to s.101.02 (13), Stats, with forfeitures ranging from \$10 to \$100 per day for each violation. In addition, the Department may attach a notice of violation to the deed for the property on which the violations occur. If you have questions regarding this matter, please feel free to contact the inspector at the number provided on the front of this report.

\*The owner or user shall be responsible for obtaining and maintaining a valid permit to operate on their Items. Operating an Item without a current permit to operate/amusement ride sticker is a violation of the administrative rules.