



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

MECHANICAL REFRIGERATION ACCIDENT REPORT

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

SPS 345.33 Reporting of accidents. Whenever mechanical refrigeration equipment or system components fail and cause 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 mechanical refrigeration equipment 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) 266-2112 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 Mechanical Refrigeration 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 Mechanical Refrigeration 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 24 hours of Accident

A Copy of This Report Should Be Forwarded to the Owner