Wisconsin Department of Safety and Professional Services Division of Industry Services 4822 Madison Yards Way PO Box 7302 Madison, WI 53707



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

## Tony Evers, Governor Dan Hereth, Secretary

Owner Account and Applicant Info:		Project/Site Details:		Inspection No.:		Permit No.:			
Name:			Project:			Date Inspected	Inconcet	ion Fee	PTO Fee
			Address:			Date inspected	inspect	ion ree	PTO Fee
Address:			City:	A II		DTO Actions	I	Total Fees	 S
City/7in		State/Zip: WI		PTO Action:					
City/Zip: Phone:		County: Location on Property:			Inspection Status:				
Applicant email:		Location on Property.			mapection diatus.				
Applicant Phone:			Inspection Type:						
Inspection Details			Equipment Detail						
			Boiler Type: Boiler Firing Method:						
Program Area:		Boiler Use:			Boiler Fuel Source:				
Permit Type:		Manufacturer:			Max Allowable Working Pressure:				
Last Inspection Date: Cycle:						Safety Valve Set F			#/hr
PTO Expiration: Next:			Year Built:			Internal Inspection Done:			
History: Int Insp Date: Pressure Test Date:		Boiler Capacity:			Pressure Test Done:				
Pressure Test PSI:			Boiler Capacity Type:			Pressure Test PSI:			
Inspector Name:				Employed by:				Access (	Contact
Email:				. , ,				Name:	
Wisconsin Credential Number:									
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## **DEPARTMENT ORDER**

This DEPARTMENT ORDER is issued as a result of an inspection conducted for the Permit 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.

## **ACCIDENT REPORTING**

Whenever equipment fails and causes injury to any person, the owner or user shall report the facts of the accident to the Department. The report shall be in writing and within 24 hours of the accident. The owner or user may not remove or disturb the equipment or any of its parts, nor permit any such removal or disturbance prior to receiving sch authorization from the Department, except for the purpose of saving human lift or further property damage.

The Department may be contacted by phone at (608) 266-3151 or TTY (608) 264-8777 to file an accident report with the Inspection Support Staff.

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