

**Iowa Division of Labor
Boiler and Pressure Vessel Safety**

1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-725-5609
Fax: 515-242-5076
boilers@iwd.iowa.gov
www.iowaboilers.gov

FOR OFFICE USE ONLY			
Date: _____	Time: _____	Initials: _____	
Notified Date: _____		Time: _____	
First responder written report:	Yes	No	
Hospital report:	Yes	No	
Filed within 48 hours:	Yes	No	

Boiler and Pressure Vessel Incident Report

Use this form to report a boiler or pressure vessel explosion. Also file this form if a boiler or pressure vessel causes an acute illness, an injury that needs professional medical care, or a disability that lasts more than one day. Report by calling 515-725-5607 or 515-725-5609 and if requested, complete this form. An incident that occurs during Division of Labor office hours must be reported by close of business on the day of the incident. An incident that occurs when the Division of Labor is closed must be reported by close of business on the next Division of Labor business day. Removal of damaged parts or use of the object may be prohibited by law.

Owner name		Jurisdiction number	Accident date/time	
Location name (if different than owner)		Contact name		Phone number
Object address	City		State	Zip

Describe in detail what happened:

Number of people injured:	Are there videotapes or photographs of the incident? Yes No (If yes, send copies)		
Were safety orders issued at the last inspection?	Yes	No	Date of last inspection:
Does boiler or pressure vessel have an operating certificate?	Yes	No	Are repairs needed now? Yes No (If yes, attach the details of repairs needed)
Has boiler or pressure vessel been secured from operation?	Yes	No	If no, why not?
Have the local authorities been notified?	Yes	No	If yes, name/phone number:

Boiler and Pressure Vessel Incident Report

Witnesses

Name	Address	Phone number	Age
Name	Address	Phone number	Age
Name	Address	Phone number	Age
Name	Address	Phone number	Age

People Injured

1. Name		Age	Phone number					
Address		City	State	Zip				
Email address	If minor, parent/guardian name		Phone number					
Injuries: Fatal?	Yes	No	Require hospitalization?	Yes	No	Require first aid?	Yes	No
Nature of injury:								
2. Name		Age	Phone number					
Address		City	State	Zip				
Email address	If minor, parent/guardian name		Phone number					
Injuries: Fatal?	Yes	No	Require hospitalization?	Yes	No	Require first aid?	Yes	No
Nature of injury:								
3. Name		Age	Phone number					
Address		City	State	Zip				
Email address	If minor, parent/guardian name		Phone number					
Injuries: Fatal?	Yes	No	Require hospitalization?	Yes	No	Require first aid?	Yes	No
Nature of injury:								

I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge.

Name of Person Filing Report	Company or Firm Name	Signature	Date
------------------------------	----------------------	-----------	------