

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

150 Des Moines Street  
 Des Moines, IA 50309-1836  
 Phone: 515-725-5609/515-725-5610  
 Fax: 515-242-5076  
[boilers@iwd.iowa.gov](mailto:boilers@iwd.iowa.gov)  
[www.iowaboilers.gov](http://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.** File this form if a boiler or pressure vessel explodes or a malfunction causes an acute illness or injury that needs professional medical care, or a disability that lasts more than one day. Report by calling 515-725-5609 or 515-725-5610. 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 is prohibited by Iowa Administrative Code.

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?	<b>Yes</b>	<b>No</b>	(If yes, send copies)
Were safety orders issued at the last inspection?	<b>Yes</b>	<b>No</b>	Date of last inspection:	
Does boiler or pressure vessel have an operating certificate?	<b>Yes</b>	<b>No</b>	Are repairs needed now?	<b>Yes</b> <b>No</b>
Has boiler or pressure vessel been secured from operation?	<b>Yes</b>	<b>No</b>	If no, why not?	
Have the local authorities been notified?	<b>Yes</b>	<b>No</b>	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?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>	<b>No</b>	Require first aid?	<b>Yes</b>	<b>No</b>
Nature of injury:								
2. Name		Age	Phone number					
Address		City	State	Zip				
Email address	If minor, parent/guardian name		Phone number					
Injuries: Fatal?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>	<b>No</b>	Require first aid?	<b>Yes</b>	<b>No</b>
Nature of injury:								
3. Name		Age	Phone number					
Address		City	State	Zip				
Email address	If minor, parent/guardian name		Phone number					
Injuries: Fatal?	<b>Yes</b>	<b>No</b>	Require hospitalization?	<b>Yes</b>	<b>No</b>	Require first aid?	<b>Yes</b>	<b>No</b>
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
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Please complete a set of questions for each injured person, if number of injured is more than 3, an additional injured report can be found at [www.iowaboilers.gov](http://www.iowaboilers.gov) under Quick Links.