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 www.iowaboilers.gov

FOR OFFICE USE ONLY						
Date Received:						
Object #:						
Inspection Date:						

State

Zip

Email address

No If yes, notify the boiler insurance company immediately.

Advance Notice of Boiler Installation

Will a boiler insurance inspection service be used?

Instructions

Name

Address

The boiler or pressure vessel must pass inspection prior to operation.

Iowa Code Section 89.6 requires this form be filed with the Labor Commissioner at least 10 days prior to installation. Send the completed application to the address above. Prior to installation review the application rules at www.iowaboilers.gov.

Fax number

City

Phone number

Yes

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Owner	into	rm	atio	n

Object location information Name								Phone Number				
										Thore rumber		
Address						City			State	Zip		
Manufacturer			Year built		Installation type: New Reinstallation		Installation date					
Does boiler re	eplace e	existing	boiler?	Yes	No	If yes	, old stat	e ID# <u>:</u>				
Boiler use	Boiler use Specific on-site location				Fuel			Method of firing				
Code stamp:	Α	S	U	HLW	М	Е	Н	Other:				
Sales Represen	tative								Phone number			
Comments:									<u>.</u>			

Business name

Signature

Name of individual completing form

Email address

Phone number

Date