

File #	_____
Location	_____
BLRAN	

BOILER OR UNFIRED PRESSURE VESSEL ACCIDENT REPORT

This accident report must be submitted to the Department of Labor & Industry within five days of the occurrence.

Please **type** or **print legibly** all requested information.

Accident Information	Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Location of Accident: Building Name (if any) _____ Street Address _____ City _____ PA _____ Zip Code _____ Description of Accident: _____ _____ _____ _____ _____ _____ Boiler(s) or Unfired Pressure Vessel(s) Involved: <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Type</th> <th style="width: 40%;">PA Serial No.</th> <th style="width: 20%;">National Board No.</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><input type="checkbox"/> Boiler <input type="checkbox"/> UPV</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td><input type="checkbox"/> Boiler <input type="checkbox"/> UPV</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td><input type="checkbox"/> Boiler <input type="checkbox"/> UPV</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Type	PA Serial No.	National Board No.	1.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____	2.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____	3.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____
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1.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____																
2.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____																
3.	<input type="checkbox"/> Boiler <input type="checkbox"/> UPV	_____	_____																
Contact Persons <small>(for additional details on accident)</small>	Name	Telephone No.	E-mail Address																
	_____	_____	_____																
	_____	_____	_____																
Initial Accident Notification	Date _____ Mode <input type="checkbox"/> Telephone <input type="checkbox"/> Fax Transmission <input type="checkbox"/> E-mail <input type="checkbox"/> Messenger-delivered L&I Representative (who received notice) _____																		
Submitter of Report	Name (printed or typed) _____ Signature _____ Date Submitted _____ Telephone No. _____ E-mail _____ Representing (if not owner of boiler) _____																		
BOILER DIV. USE ONLY	Date Received: _____																		