

## BOILER ACCIDENT REPORT

Date of Accident: \_\_\_\_\_ KS #: \_\_\_\_\_

Object Address: \_\_\_\_\_

- Boiler Type:
- Heating Boiler System (steam heating boiler)
  - Heating Boiler Water (hot water heating boiler; hot water supply boiler; or portable water heater)
  - Nuclear Boiler (a nuclear boiler power plant system)
  - Power Boiler (high temperature boiler portable power boiler)
  - Unfired Steam Boiler (unfired pressure vessel)
  - Process Steam Generator (evaporator, heat exchanger or vessel in which steam is generated by use of heat)
  - Other \_\_\_\_\_

Boiler Use: \_\_\_\_\_

Injuries/Deaths: \_\_\_\_\_

Property Damage: \_\_\_\_\_

- Suspected Cause:
- |   |   |
|---|---|
| <input type="checkbox"/> Burner Failure                     | <input type="checkbox"/> Faulty Design or Fabrication |
| <input type="checkbox"/> Improper Installation              | <input type="checkbox"/> Improper Repair              |
| <input type="checkbox"/> Limit Controls                     | <input type="checkbox"/> Low Water Condition          |
| <input type="checkbox"/> Operator Error or Poor Maintenance | <input type="checkbox"/> Safety Valve                 |
| <input type="checkbox"/> Other/Comments _____               |   |

### Inspection Status

Current Certificate of Operation ?  Yes  No

Inspected By: \_\_\_\_\_

Inspecting Organization: \_\_\_\_\_

### Report Submitted By

Name of Authorized Inspector or Deputy Inspector: \_\_\_\_\_

Signature of Authorized Inspector or Deputy Inspector: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach any photos or further narrative to this report to describe the circumstances surrounding the accident.

#### RETURN COMPLETED FORM TO:

Office of the State Fire Marshal  
Brenda McNorton, Chief of Inspections  
800 SW Jackson, Suite 104  
Topeka KS 66612