Incident Investigation Report

| NC #- | |
|------------------------------------|-----------------------|
| <u>NB #-</u> | |
| Incident Location Name & Address- | |
| | |
| Owner's Name & Contact Information | on- |
| | |
| | |
| | |
| Report Type- Preliminary | Final |
| | |
| Data of Insident | Time of Incident |
| Date of Incident- | Time of Incident- |
| Date Notified- | <u>Time Notified-</u> |
| Date Investigated- | Time Investigated- |
| How Bureau Notified- | |
| | |
| Also Investigated By- | |
| | Fodoval Agonay |
| | Federal Agency |
| Other- | |
| | |
| | |
| | |
| | |
| | |
| | |

Incident Investigation Report

| Type of Facility- | | | | | |
|--------------------|-------------------|-------------|---------|-------|--------|
| Factory/Industrial | Petro/Chemical | Educational | Medical | Arena | Office |
| Other- | | | | | |
| | | | | | |
| Injuries? | <u>OSF</u> | l Notified? | | | |
| | | | | | |
| Describe the Incid | dent and Investig | gation- | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Incident Investigation Report

| Describe the Incident and Investigation (Continued)- | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Incident Investigation Report

| Probable Cause (s) of Accident- |
|---|
| |
| |
| |
| |
| <u>Violations</u> - <u>If yes, violation entered into JO?</u> |
| If yes, describe- |
| , · · · · · · · · · · · · · · · · · · · |
| Did violation cause or possibly contribute to the incident? |
| |
| |
| Directives Issued- (a) For repairs (b) To prevent reoccurrence- |
| |
| |
| |
| Has the Incident Scene Been Disturbed, Tampered with, or Items Moved or |
| Removed Before Arrival of the Inspector? |
| If yes, describe- |
| |
| |
| Items Removed for Investigation/Testing? |
| If yes; |
| By who? |
| Where Sent- |
| |
| Photographs Taken? |
| By who? |

Incident Investigation Report

Attachment 1- BSB-0101-05 R5

Persons Involved/Contacted-

| Name & <u>Title</u> | <u>Address</u> | Phone Number | <u>Injured?</u> | Type of Injury | Statement Taken? Verbal/Written | How Involved |
|------------------------|----------------|--------------|-----------------|----------------|---------------------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Incident Investigation Report

Attachment 1- BSB-0101-05 R5

| Object Involved- | | |
|------------------|--|--|
| | | |

Boiler Pressure Vessel Heat Exchanger Piping System Valve Fitting

Other-

Manufacturer- Year- MAWP-

Size- Type- Temperature-

ASME Designator- NB#- Model Number-

Serial Number- Comp Horsepower- Boiler Capacity-

Burner Capacity- Fuel Type/Energy Source-

North Carolina Exempt?

Any Recent Repairs or Maintenance?

If yes, describe-

Are Copies of Repair/Maintenance Paperwork Available?

Are Copies of Repair/Maintenance Paperwork Attached?

Is a Log Book Available- Was the Log Book Reviewed by the Inspector?

Certificate Issued? Expiration Date-

Insured? Insured By-

Last Inspection Date- Last Inspected By-

Have Changes Been Made to Object Since Last Inspection?

If yes, describe-

North Carolina Boiler Safety Bureau Incident Investigation Report

Attachment 1- BSB-0101-05 R5

| Fuel Train Inspection- | Acceptable? |
|---|-------------|
| Pressure Relieving Device Inspection- | Acceptable? |
| PRD Discharge Inspection- | Acceptable? |
| Pressure Gauge Inspection- | Acceptable? |
| Temperature Gauge Inspection- | Acceptable? |
| High Limit Inspection- | Acceptable? |
| High Limit w/Manual Reset Inspection- | Acceptable? |
| LWCO Inspection- | Acceptable? |
| LWCO w/Manual Reset Inspection- | Acceptable? |
| Emergency Fuel Shut Off Inspection- | Acceptable? |
| Material Condition Inspection- | Acceptable? |
| Stack/Venting Inspection- | Acceptable? |
| Combustion Air Inspection- | Acceptable? |
| Amount of Combustion Air (if applicable)- | Acceptable? |
| Flow Switch Inspection- | Acceptable? |
| Burner Controls Inspection- | Acceptable? |
| Closure(s) & Opening(s) Inspection- | Acceptable? |
| Safety Interlock(s) Inspection- | Acceptable? |
| "Accident Inspection" entered in JO? | |

| i ressure itelieving bevices | Pressure | Relieving | Devices- |
|------------------------------|-----------------|-----------|-----------------|
|------------------------------|-----------------|-----------|-----------------|

Number of PRD's- Manufacturer(s) - Set Pressure(s) -

Capacity Rating(s) - ASME/NB Stamped? Sealed? Size(s) -

Incident Investigation Report

| Investigating Inspector- | |
|--------------------------|--|
| NC Commission Number- | |
| Date- | |
| | |
| Signature- | |
| | |
| Reviewing Supervisor- | |
| NC Commission Number- | |
| Date- | |
| | |
| Signature- | |