

South Carolina Department of Labor, Licensing and Regulation South Carolina Boiler Safety Program

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REPORT OF UNREGISTERED BOILER Document 240

Reporter's Name:		Date	Viewed Boiler:
Telephone No.:			
User's Name:		Contact Pers	on:
Contact Person's Telephone No.: _			
User's Address:s			
S	treet Address (no	PO Box)	
City:	State:	Zip:	County:
Comments:			
Date received by department:		Reviewed by	y:
	d inspector to p	proceed directly t	ons should be to a specific reference o the location. Attach a map; or on the , names and other landmarks.
Reporter's Signature		Date	

Return completed form to the address above.