

OWNER INFORMATION		
Last Name(s):		First Name(s):
OWNER'S MAILING ADDRESS		
Address:		Province:
City:		Postal Code:
HEATING UNIT		
MAKE:	MODEL:	AGE:
TYPE:		
<input type="checkbox"/> Acorn Stove, Box, Franklin or Pot belly Stove (loose fitting or no doors)	<input type="checkbox"/> Cookstove	<input type="checkbox"/> Fireplace Insert
<input type="checkbox"/> Fireplace, Zero Clearance	<input type="checkbox"/> Masonry Fireplace	<input type="checkbox"/> Pellet Stove
<input type="checkbox"/> Wood Stove, Airtight	<input type="checkbox"/> Wood Stove, Not Airtight	<input type="checkbox"/> Wood Furnace Add-on
<input type="checkbox"/> Wood / Oil Combination		
<input type="checkbox"/> Other (please specify):		
IS THE UNIT CERTIFIED?		If Yes, By:
<input type="checkbox"/> Yes		<input type="checkbox"/> Canadian Standards Association (CSA)
<input type="checkbox"/> No		<input type="checkbox"/> Underwriters' Laboratories of Canada (ULC)
		<input type="checkbox"/> Warnock-Hershey Prof. Service Ltd.
		<input type="checkbox"/> Other (please specify):
ADDRESS OF THE PREMISES WHERE THE UNIT IS INSTALLED:		
<input type="checkbox"/> Principle Residence		
<input type="checkbox"/> Other (please specify):		
WHERE IS THE HEATING UNIT LOCATED?		
<input type="checkbox"/> Attached Garage		
<input type="checkbox"/> Detached Garage		
<input type="checkbox"/> Workshop		
<input type="checkbox"/> Dwelling (please specify):		
<input type="checkbox"/> Other (please specify):		
FUNCTION OF THE HEATING UNIT:		
<input type="checkbox"/> Primary Heat Source		
<input type="checkbox"/> Auxiliary Heat Source		
HOW OFTEN IS THE HEATING UNIT USED?		
_____ Number of Hours per Day _____ Number of Days per Year		
FUEL:		AMOUNT OF FUEL BURNED ANNUALLY:
<input type="checkbox"/> Wood (please specify Cord type used):		
<input type="checkbox"/> Standard/Bush Cord (4'x4'x8')		
<input type="checkbox"/> Face Cord (16"x4'x8')		
<input type="checkbox"/> Wood and Oil		
<input type="checkbox"/> Pellet (please specify):		
<input type="checkbox"/> Other (please specify):		
ARE ASHES DISPOSED OF IN A METAL CONTAINER?	DOES THE CONTAINER HAVE A METAL LID?	IS IT STORED ON A NON-FLAMMABLE SURFACE?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
CHIMNEY		
AGE OF CHIMNEY:		
<input type="checkbox"/> Same as Heating Unit		
<input type="checkbox"/> Other (Please Provide Year):		
EXTERIOR TYPE:		
<input type="checkbox"/> Masonry		
<input type="checkbox"/> Factory-built Double Wall (Please Provide name of Manufacturer):		
<input type="checkbox"/> Concrete		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Unknown		
INTERIOR TYPE:		
<input type="checkbox"/> Flue Tile		
<input type="checkbox"/> Stainless Steel		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Unknown		
IS THE CHIMNEY LABELED?		If Yes, By:
<input type="checkbox"/> Yes		<input type="checkbox"/> Canadian Standards Association (CSA)
<input type="checkbox"/> No		<input type="checkbox"/> Underwriters' Laboratories of Canada (ULC)
		<input type="checkbox"/> Warnock-Hershey Prof. Service Ltd.
		<input type="checkbox"/> Other (please specify):
WAS THE CHIMNEY INSTALLED BY A PROFESSIONAL?		
<input type="checkbox"/> Yes (Please Provide Name of Company):		
<input type="checkbox"/> No		

CHIMNEY CONTINUED		
CHIMNEY IS INSTALLED:		
<input type="checkbox"/> Inside Building	<input type="checkbox"/> Outside Building	<input type="checkbox"/> Outside Building in Insulated Enclosure
CHIMNEY IS CLEANED:		
_____ Number of Times per Year	Date of Last Cleaning:	Cleaned By:
Clearance of Chimney to Nearest Combustibles: <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters		
Is the Chimney Rated for a Continuous Flue Gas Temperature of 650°C or Higher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

CLEARANCES

IMPORTANT

PLEASE COMPLETE THE CLEARANCE CHART IN THIS SECTION

ACTUAL CLEARANCE - What you Measure

REQUIRED CLEARANCE - Distance Specified in the Owner's Manual or on the Label Attached to the Heating Unit

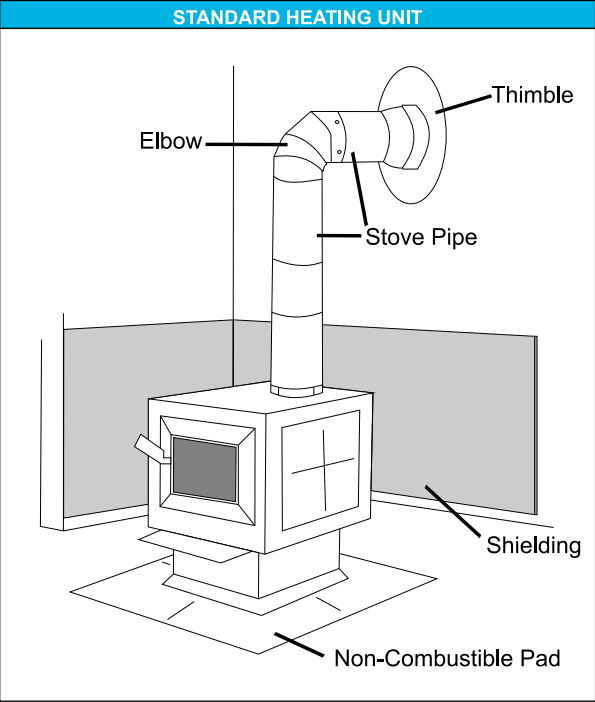
MEASUREMENTS ARE IN: Inches Centimeters

CLEARANCE CHART			
		ACTUAL	REQUIRED
SHORTEST DISTANCE OF STOVE TO:	Back Wall		
	Side Wall		
	Corner		
	Ceiling		
SHORTEST DISTANCE OF STOVE PIPE TO:	Back Wall		
	Side Wall		
	Ceiling		
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD AT:	Front		
	Left Side		
	Right Side		
	Back		

PLEASE DRAW A DIAGRAM OF YOUR HEATING UNIT

WALL

WALL



Is There a Thimble Where the Pipe Passes Through the Wall (see above diagram)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL LENGTH OF STOVE PIPE (including elbows):		NUMBER OF ELBOWS:
CONSTRUCTION OF STOVE PIPE (see above diagram):		
<input type="checkbox"/> Double Walled		
<input type="checkbox"/> Single Walled (including black steel)		
<input type="checkbox"/> Galvanized		
<input type="checkbox"/> Other (please specify):		
CONSTRUCTION OF SIDE WALL:	CONSTRUCTION OF BACK WALL:	CONSTRUCTION OF CEILING:
Is There a Non-Combustible Pad (see above diagram)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shortest Distance to Unit of Furniture, Fuel or Other Combustible Material:		

Solid Fuel Heating Form

INSTALLATION		
WHO INSTALLED THE HEATING UNIT?		WAS THE INSTALLER WETT CERTIFIED?
<input type="checkbox"/> Heating Contractor		<input type="checkbox"/> Yes
<input type="checkbox"/> Home Owner		<input type="checkbox"/> No
<input type="checkbox"/> Other (please specify):		
DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACE WALL?		
<input type="checkbox"/> Yes (please describe):		
<input type="checkbox"/> No		
<input type="checkbox"/> Not Applicable		
TYPE OF SHIELDING:		
<input type="checkbox"/> Sheet Metal Permanently Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Ceramic Tile		
<input type="checkbox"/> Brick		
<input type="checkbox"/> Concrete		
<input type="checkbox"/> Other (please specify):		
DISTANCE FROM WALL TO SHIELD:	DISTANCE FROM TOP OF STOVE TO TOP OF SHIELD:	DISTANCE FROM BOTTOM OF HEAT SHIELD TO FLOOR:
ARE THE WALL SPACERS NON-COMBUSTIBLE?	IS THERE AN AIR SPACE AT THE TOP AND BOTTOM OF THE SHIELD?	IS THE SHIELD SPACED ONE INCH OR MORE FROM THE WALL?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
OTHER		
HAS THE INSTALLATION, INCLUDING THE CHIMNEY, BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No (please explain):		
HAVE ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE IT WAS INSTALLED OR INSPECTED?		
<input type="checkbox"/> Yes (please explain):		
<input type="checkbox"/> No		
NOTES		

SIGNATURE
THE ABOVE ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF INSURED:	DATE:
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