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This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.

Company: _____
Address: _____
Website: _____
Email: _____
Phone: _____

REQUESTED BY:

Name: _____
Address: _____
Email: _____
Phone: _____
Cell Phone: _____

Inspector's name: _____

Reason(s) for inspection: _____

Type of inspection requested: Visual Technical Invasive

Date of request: _____

INSPECTION LOCATION: Same as requested or:

Name: _____
Address: _____
Email: _____
Phone: _____
Cell Phone: _____

WETT #: _____

- 1. Visual Inspection: This inspection includes the following:
a. Measurements of clearances.
b. Opening stove doors and all ground-accessible dampers/clean-out doors.
c. Visual inspection of the chimney from the ground.
d. WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
e. Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).
2. Technical Inspection: This inspection includes the following:
a. All visual elements of the system as indicated in Visual Inspection.
b. Hands-on work which may include:
i. Taking apart flue pipes,
ii. Opening clean-outs,
iii. Entering the attic to view additional system components,
iv. Accessing the chimney on the roof.
c. Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.
3. Invasive Inspection: This inspection includes the following:
a. All visual elements of the system as indicated in Visual Inspection.
b. All hands-on work as indicated in Technical Inspection.
c. General construction work to building elements including:
i. Opening of walls or ceilings,
ii. Disassembly or invasive work on masonry or prefab chimneys,
iii. Examination of chimney liners,
d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- Inspection Results: Indicate inspection results for each component. Code compliance = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
• Suitable (Suitability) refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
• Unsuitable refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform. Note: an appliance that has been modified is no longer a certified appliance.
• This inspection report only documents the conditions at the time of inspection.
• All non-compliance ratings should be considered for comment. See "Comments" page(s)
• An inspection, at any level, can be expected to include some components marked UTI.
• Manufacturer's specific instructions/CSA B365/building code shall be used to complete this inspection form.
• Appliances are not fired as part of an inspection. This is not a performance inspection.
• The electrical system is not part of a solid-fuel inspection
• Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
• Persons signing a declaration must have physically inspected the work.
• Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
• Inspectors are checking for "Code Compliance." They do not "Pass" or "Fail."
• Inspectors do not certify the appliance or the installation.
• Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.

Has the type of inspection been discussed prior to inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appliance Make/Model/Serial #: _____ _____
Are copies of building permit/s available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation manual available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download
Time of day: Hours: _____ Minutes: _____ AM/PM	Certification Standard: <input type="checkbox"/> ULC S627 <input type="checkbox"/> EPA <input type="checkbox"/> CSA B415 <input type="checkbox"/> Uncertified <input type="checkbox"/> Unknown
Weather conditions (ice, snow, wind, rain, thunderstorm, sunny): _____	Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other/Comments: _____
Roofing type/material: _____	Alcove approved: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Roof accessed? <input type="checkbox"/> Yes <input type="checkbox"/> No Attic accessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile home approved: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Chimney Make / Model: _____	Flue Collar Size: _____
Installation manual available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download	Is there a fan or blower attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____ UTI: _____	Comments/condition of appliance (baffle plate, air tubes, bricks, gaskets, etc.): Suitable <input type="checkbox"/> Yes <input type="checkbox"/> No
Certification Standard: <input type="checkbox"/> ULC S604 <input type="checkbox"/> ULC S629 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Installed in: <input type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277) <input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
Comments/Condition of chimney (dents, corrosion, perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections) Suitable <input type="checkbox"/> Yes <input type="checkbox"/> No (See notes)	Appliance location: <input type="checkbox"/> Basement <input type="checkbox"/> Main Floor <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Inside installation <input type="checkbox"/> Outside installation	Appliance Installed by: _____ Date: _____ <input type="checkbox"/> Unknown
Chimney Installed by: _____ <input type="checkbox"/> Unknown Date: _____	Height of Chimney UTI _____



WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY

CLEARANCE TO	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
1. Combustible right side wall	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
2. Combustible left side wall	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
3. Combustible rear wall	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
4. Combustible corner – right side (45 degrees)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
5. Combustible corner – left side (45 degrees)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
6. Top/ceiling	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
7. Shielding ceiling	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
8. Wall shielding – rear	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
9. Wall shielding – right side	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
10. Wall shielding – left side	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
11. Ember pad material	Continuous, durable, non-combustible	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
12. Ember pad – front	Minimum 18"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
13. Ember pad – rear	Minimum 8"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
14. Ember pad – right side	Minimum 8"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
15. Ember pad – left side	Minimum 8"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
16. Radiant heat floor protection material – uncertified appliance	CSA B365-17: 8.1.4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
17. Radiant heat floor protection material – certified appliance	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
18. Hazardous location	CSA B365-17: 4.3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
19. Outdoor combustion air	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
20. Is CO alarm present in the same room with solid-fuel-burning appliance?	9.32.4.2.3 (BCBC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes
21. Is CO alarm present in the same room with solid-fuel-burning appliance?	9.32.3.9.3 (ABC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes
22. Is CO alarm present?	9.33.4.2 (OBC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes

It is the homeowner's responsibility to ensure that the CO alarm is in working condition and installed in accordance with applicable codes.
NOTE: WETT inspectors do not test the CO alarm, they just note if it is present.



FLUE PIPE

Flue Pipe/ Connector: Type: Single-wall Double-wall ULC S641 Diameter: _____

Manufacturer: _____ Model _____ Listing Agency: _____ Is manual available? Yes No

FLUE PIPE/ CONNECTOR REQUIREMENTS	REQUIRED		ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
	Uncertified	Certified			
23. Wall clearances – right side	Unshielded 18"	Shielded 9"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
24. Wall clearances – left side	18"	9"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
25. Wall clearances – rear wall	18"	9"	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

FLUE PIPE/ CONNECTOR REQUIREMENTS	REQUIRED		ACTUAL	CODE COMPLIANCE		PHOTOS TAKEN		
	Uncertified	Certified		Yes	No			
26. (a) Clearances - horizontal pipe	18"	9"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
26. (b) Clearances – ceiling	18"	9"	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
27. Total length	Maximum 10'		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
28. Elbows	Maximum 180°		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
29. Fastening	3 screws per joint		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
30. Allowance for expansion	Elbow/ slip/ adjust		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
31. Flue pipe orientation	Male end down		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
32. Joint overlap	Min 30 mm (1-3/16")		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
33. Flue pipe slope	Min ¼" per foot		Actual(s)		_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
34. Material – steel or other non-combustible material with a melting point of not less than 1100 °C (2000 °F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
35. Minimum thickness of flue pipe	_____		_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
36. Flue pipe condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
37. Pipe shielding present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
38. Support: horizontal present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
39. Barometric damper present CSA B365-17: 4.4.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
40. Flue-mounted heat reclaimers present CSA B365-17: 4.4.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
41. Does the flue pipe pass through floors or ceilings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
42. Connection to factory-built chimney – Mfr. instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	

COMPONENT/CLEARANCE	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
43. Minimum horizontal extension beyond inside wall surface	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
44. Maximum horizontal extension beyond inside wall surface	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
45. Wall radiation shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
46. Base tee and cap	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
47. Base tee support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
48. Wall support/band	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
49. Distance between supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
50. Chimney offsets	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
51. Offset support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
52. Firestopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
53. Ceiling support	<input type="checkbox"/> Flat <input type="checkbox"/> Cathedral	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
54. Minimum vertical extension below ceiling	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
55. Attic radiation shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

COMPONENT/CLEARANCE	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
56. Is attic radiation shield above insulation level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
57. Other radiation shield(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
58. Enclosed through living space	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
59. Roof flashing/storm collar	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
60. Rain cap	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
61. Rain cap spark arrestor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
62. Roof braces	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
63. Roof brace solidly anchored	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
64. Height above roof surface	Min – 900 mm (3’/36”)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
65. Height within 3 m (10’)	Min – 600 mm (2’/24”)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
66. Chimney height above chase cap	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
67. Chimney clearance to combustibles	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
68. Other areas of chimney enclosed or hidden	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

69. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes

(1) Every chimney, flue and flue pipe shall be inspected to identify any dangerous condition

a) at intervals not greater than 12 months, b) at the time of addition of any appliance, and c) after any chimney fire.

70. Fire Code = 2.6.1.4.

(2) Chimneys, Flues and Flue Pipes shall be cleaned as often as necessary to keep them free from dangerous accumulations of combustible deposits.

Appendix A – A.2.6.1.4 (2) The presence in a chimney of deposits of soot or creosote in excess of 3 mm thick will indicate the need for immediate cleaning, possible modification of burning procedures and more frequent inspections.

(Amount of creosote should be noted in comments section.)

71. Fire Code = 2.6.1.4 3) A chimney, or flue pipe shall be replaced or repaired to eliminate

a) any structural deficiency or decay

Appendix A – A.2.6.1.4 (3) (a) Structural deficiencies are deviations from required construction, such as the absence of a liner or inadequate design of supports or ties. Instances of decay are cracking, settling, crumbling mortar, distortion, advanced corrosion, separation of sections, or loose or broken supports

72. Fire Code = 2.6.1.4. 3) A chimney, flue, or flue pipe shall be replaced or repaired to eliminate

b) all abandoned or unused openings that are not effectively sealed in a manner that would prevent the passage of fire or smoke.



File reference #: _____

Photos taken: Yes No Number of photos: _____

This checklist contains: _____ pages in total | This report contains: _____ pages in total.

Comments and observations:

All non-compliance ratings should be considered for comment. Add number of non-compliance line. More pages may be added.

Please attach additional page(s) if needed

Customer signature: _____

Inspector signature: _____

Inspector WETT #: _____

Date: _____

Date: _____

PHOTOS:

Section #: _____

Section #: _____

Section #: _____

Section #: _____


Section #: _____



Section #: _____



Section #: _____



Section #: _____



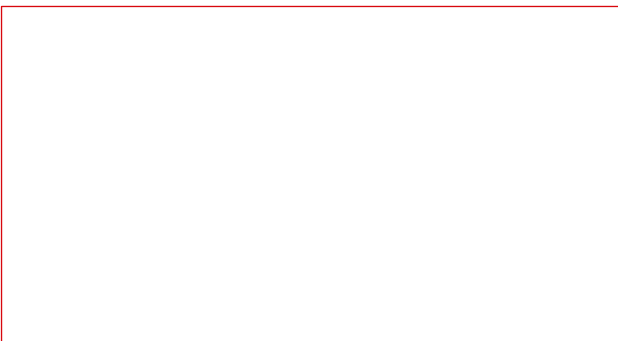
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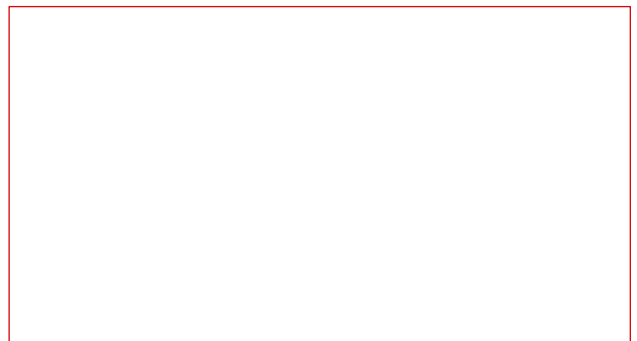
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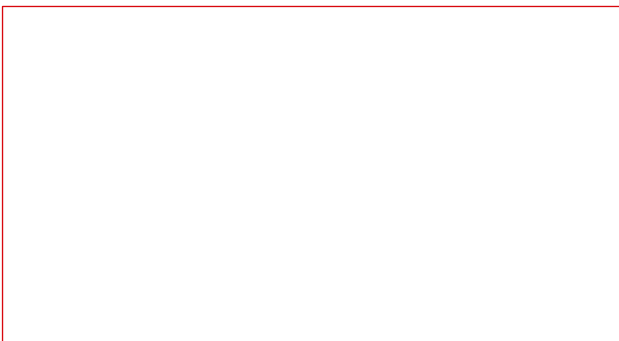
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