

PHOTO REQUIRED  YES  NO  
 PHOTO ATTACHED  YES  NO

INSURANCE COMPANY ECONOMICAL	INSURED B FRIEDMAN	AGENT/ BROKER CARLETON	BROKER CLIENT ID# FRIB01
---------------------------------	-----------------------	------------------------------	-----------------------------

**1. HEATING UNIT**

TYPE	<input type="checkbox"/> ACORN STOVE, BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)	<input type="checkbox"/> SPACE HEATER	<input type="checkbox"/> OTHER (SPECIFY) _____
MAKE	<input type="checkbox"/> COOKSTOVE	<input type="checkbox"/> WOOD STOVE, AIRTIGHT	
MODEL	<input type="checkbox"/> FIRE PLACE INSERT	<input checked="" type="checkbox"/> WOODSTOVE, NOT AIRTIGHT	
AGE 30+ yrs	<input type="checkbox"/> FIREPLACE, ZERO CLEARANCE	<input type="checkbox"/> WOOD FURNACE	
	<input type="checkbox"/> MASONRY FIREPLACE	<input type="checkbox"/> WOOD FURNACE ADD ON	
	<input type="checkbox"/> PELLET STOVE	<input type="checkbox"/> WOOD / OIL COMBINATION	
IS THE UNIT CERTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, BY: _____	<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	<input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA (ULC)	
	<input type="checkbox"/> WARNOCK-HERSEY PROF SERVICE LTD.	<input type="checkbox"/> OTHER (SPECIFY) _____	
ADDRESS OF PREMISES WHERE UNIT IS INSTALLED	<input type="checkbox"/> PRINCIPLE RESIDENCE	<input checked="" type="checkbox"/> OTHER (SPECIFY) Cottage	
WHERE IS THE HEATING UNIT LOCATED?	<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> WORKSHOP <input type="checkbox"/> DWELLING (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER (SPECIFY) Basement		

IS THE HEATING UNIT  PRIMARY  AUXILIARY      HOW OFTEN IS HEATING UNIT USED? NUMBER OF HOURS PER DAY 5 NUMBER OF DAYS PER YEAR 50

FUEL:  WOOD ONLY      NUMBER OF CORDS USED ANNUALLY \_\_\_\_\_  FACE CORD (16" x 4' x 8')  
 WOOD AND OIL       PELLET (SPECIFY TYPE) \_\_\_\_\_  STANDARD / BUSH CORD (4' x 4' x 8')  
 OTHER (SPECIFY TYPE) \_\_\_\_\_

IF FUEL IS NOT WOOD, SPECIFY AMOUNT BURNED ANNUALLY \_\_\_\_\_

ARE ASHES DISPOSED OF IN A METAL CONTAINER?  YES  NO      IS THE CONTAINER EQUIPPED WITH A METAL LID?  YES  NO

IS THE ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE?  YES  NO

**2. CHIMNEY**

TYPE	<input checked="" type="checkbox"/> MASONRY	CHIMNEY LINING: <input checked="" type="checkbox"/> FLUE TILE <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> OTHER (SPECIFY) _____
	<input type="checkbox"/> FACTORY BUILT DOUBLE WALLED METAL CHIMNEY - NAME OF MANUFACTURER _____	
	INSTALLATION BY PROFESSIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF FIRM _____ <input checked="" type="checkbox"/> UNKNOWN
LABELLED:	<input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA) <input type="checkbox"/> UNDERWRITERS' LABORATORIES OF CANADA <input type="checkbox"/> WARNOCK-HERSEY PROF. SERVICE LTD. <input type="checkbox"/> OTHER (SPECIFY) _____	
	<input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER TYPE OF CHIMNEY (SPECIFY) _____ <input type="checkbox"/> UNKNOWN	
AGE: <input checked="" type="checkbox"/> SAME AS HEATING UNIT OR _____		
DOES UNIT SHARE A CHIMNEY FLUE? <input type="checkbox"/> YES	PROVIDE DETAILS _____	
<input checked="" type="checkbox"/> NO		
CHIMNEY IS INSTALLED <input type="checkbox"/> INSIDE BUILDING	<input checked="" type="checkbox"/> OUTSIDE BUILDING	<input type="checkbox"/> OUTSIDE BUILDING IN INSULATED ENCLOSURE
HOW MANY TIMES PER YEAR IS THE CHIMNEY CLEANED? 1	DATE OF LAST CLEANING? _____	BY WHOM? _____
CLEARANCE OF CHIMNEY TO NEAREST COMBUSTIBLES _____	<input type="checkbox"/> INCHES	IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650°C <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN
	<input type="checkbox"/> CENTIMETRES	

## SOLID FUEL HEATING QUESTIONNAIRE

## 3. CLEARANCES

## IMPORTANT

PLEASE COMPLETE THE FOLLOWING CHART. THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREAS THE REQUIRED DISTANCE IS THAT SPECIFIED IN THE OWNER'S MANUAL OR ON THE LABEL ATTACHED TO THE HEATING UNIT.  
THE MEASUREMENTS ARE IN:

INCHES OR  CENTIMETRES

	ACTUAL	REQUIRED
SHORTEST DISTANCE OF STOVE TO:	BACK WALL	
	SIDE WALL	
	CORNER	
	CEILING	
SHORTEST DISTANCE OF STOVE PIPE TO:	BACKWALL	
	SIDEWALL	
	CEILING	
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN:	FRONT	
	LEFT SIDE	
	RIGHT	
	BACK	

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL?  YES  NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) \_\_\_\_\_

NUMBER OF ELBOWS IN STOVE PIPE? \_\_\_\_\_

CONSTRUCTION OF STOVE PIPE:

- DOUBLE WALLED
- SINGLE WALLED (INCLUDING BLACK STEEL)
- GALVANIZED
- OTHER (SPECIFY) \_\_\_\_\_

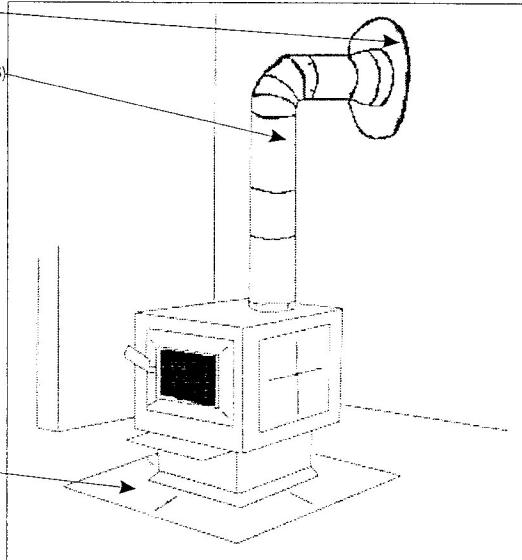
CONSTRUCTION OF:  
SIDEWALL Cinderblock

BACKWALL Cinderblock

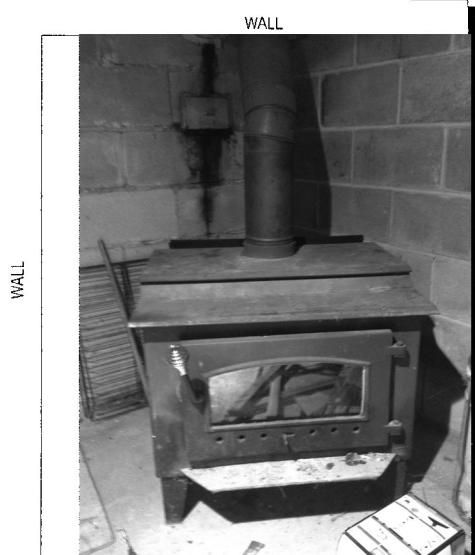
CEILING Wood

IS THERE A NON-COMBUSTIBLE PAD?  YES  NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL: 5 ft.



DRAW AND LABEL DIAGRAM OF HOW THE UNIT LOOKS



## 4. INSTALLATION

WHO INSTALLED THE HEATING UNIT?  HEATING CONTRACTOR  HOMEOWNER  
IS THE CONTRACTOR WETT CERTIFIED?  YES  NO

DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACE/WALL?  YES DESCRIBE \_\_\_\_\_

NO  NOT APPLICABLE

TYPE OF SHIELDING:  SHEET METAL PERMANENTLY INSTALLED?  YES  NO  CERAMIC TILE  BRICK  CONCRETE  OTHER \_\_\_\_\_

DISTANCES ARE IN:  INCHES  CENTIMETRES

DISTANCE FROM WALL TO SHIELD: \_\_\_\_\_ DISTANCE FROM TOP OF STOVE TO TOP OF SHIELD: \_\_\_\_\_ DISTANCE FROM HEAT SHIELD TO FLOOR: \_\_\_\_\_

ARE THE WALL SPACERS NON-COMBUSTIBLE?  YES  NO IS THERE AN AIR SPACE AT TOP AND BOTTOM?  YES  NO IS THE SHIELD ONE INCH FROM THE WALL?  YES  NO

## 5. OTHER

HAS THE INSTALLATION, INCLUDING CHIMNEY, BEEN INSPECTED BY  YES  NO (EXPLAIN) \_\_\_\_\_  
SOMEONE WHO IS WETT CERTIFIED?

HAVE ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED?  YES  NO (EXPLAIN) \_\_\_\_\_

## 6. REMARKS

---

---

---

---

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_