

Wood Burning Stove Questionnaire

Manufacturer:

Brand Name:

Model Number:

Fuel:

Stove Type (Radiant or circulating):

Construction (Cast Iron, Sheet Metal, Plate Steel, Other):

Year Device Installed:

Chimney Construction (Masonry w/ liner; Masonry w/o liner; Metal double wall insulated {class A & UL listed}; Metal single wall {class A & UL listed}; Metal triple wall {class A & UL listed}; OTHER-must provide a description:

Is the Unit (Add on; Barrel type; Central hot water; fireplace insert; forced air; free standing; homemade; pellet; other-describe):

Describe The Unit:

Location (basement; first floor; garage; second floor; other-describe):

Installation Inspected By (fire department; local building inspector; not inspected; other):

Is the device free from large cracks and/or broken parts?

Does the unit have a UL or other recognized laboratory label?

Was installation done by a professional installer such as a contractor?

Is the stove vented into the same chimney flue (Double Vented) with a heating device using a different type of fuel?

Was the chimney installed after the house was built and for this solid fuel heating device?

Is chimney covered with or hidden behind a combustible wall?

Does the smoke pipe have a waste heat collector/circulator, heat reclaimer, catalytic converter, heat extractor or circulating fan?

Does the smoke pipe pass through any interior combustible wall, ceiling, closet or concealed area?

Distance from unit to rear wall:

Distance from unit to left wall:

Distance from unit to right wall:

Distance from unit to the ceiling:

Distance from bottom of unit to floor:

Distance from front of unit to front edge of floor protection:

Distance to furniture, drapes, wood storage or combustibles from front of device:

Distance from stove pipe to wall:

Distance from top of pipe to ceiling:

Shortest distance from pipe to any wall:

Diameter of pipe:

Is there protective material on the walls? Yes or No:

Is there protective material on the floor? Yes or No:

Is there protective material on the ceiling? Yes or No:

Is there a functioning heat sensor in the dwelling? Yes or No:

Is there a functioning carbon monoxide (CO) detector in the dwelling? Yes or No:

How often is the stove, chimney, stove/smoke pipe cleaned and inspected?

Date of last cleaning and by whom:

Is this person a certified chimney sweep?

What type of container is used to dispose of the ashes?

Where are the ashes stored: