



# WETT RECOMMENDED INSPECTION CHECKLIST

<b>Requested by:</b>	<b>Inspection location:</b> <input type="checkbox"/> Same as requested or:
<b>Address:</b>	<b>Address:</b>
<b>Email:</b>	<b>Email:</b>
<b>Phone No.:</b>	<b>Phone No.:</b>
<b>Inspector's name:</b>	<b>WETT No.:</b>
<b>Reason(s) for inspection:</b>	
<b>Level of inspection requested:</b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
<b>Date of request:</b>	<b>Date of inspection:</b>

***Note: inspection results shown are what was present/noted at time of inspection.***

**This report documents findings at the time of the inspection. Compliance is referenced to currently published applicable codes and standards.**



# WETT RECOMMENDED INSPECTION CHECKLIST

## WOOD STOVE AND FLUE PIPE

**Certification Standard:**  ULC S627  EPA  CSA B415  Uncertified  Unknown

**Listing Agency:**  ULC  CSA  WH/ETL  OTL  Other: \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Installation manual available:**  Yes  No **Flue Collar Size:** \_\_\_\_\_

**Alcove approved:**  N/A  Yes  No  UTI

**Mobile home approved:**  N/A  Yes  No  UTI

**Installed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  Unknown: \_\_\_\_\_

**Installed in:**  Residence  Mobile Home  Combustible Alcove

Garage  Other: \_\_\_\_\_

**Appliance location:**  Basement  Main Floor  Other (specify): \_\_\_\_\_

**Connected to:**  Masonry chimney  Masonry chimney with stainless steel liner

Factory-built chimney  Other (specify): \_\_\_\_\_

**Does the unit share a venting system with another appliance:**  Yes  No

**Inspection Results:** Indicate inspection results for each component. Code compliance includes proper use of listed components. N/A = Not Applicable UTI = Unable To Inspect.

All non-compliance ratings should be considered for comment.

**An inspection at any level can be expected to include some components marked UTI.**

CLEARANCES	REQUIRED	ACTUAL(S)	CODE COMPLIANCE
1. Combustible side wall			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
2. Combustible rear wall			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
3. Combustible corner			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
4. Top / ceiling			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
5. Shielding rear			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
6. Shielding right side			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI

**Wood Stove and Flue Pipe - page 2**

7. Shielding left side			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
8. Shielding corner			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
9. Ember pad / material			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
10. Ember pad / front			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
11. Ember pad / rear			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
12. Ember pad / right side			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
13. Ember pad / left side			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
14. Ember pad / corner			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
15. Radiant heat protection / material			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
16.						
17.						
<b>Flue Pipe Type:</b> <input type="checkbox"/> Single-wall <input type="checkbox"/> Double-wall <input type="checkbox"/> ULC S641 Diameter: _____						
18. Clearances			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
19. Total length			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
20. Elbows			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
21. Fastening			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
22. Allowance for expansion			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
23. Flue pipe orientation			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
24. Flue pipe slope			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
25. Material			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
26. Pipe shielding			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
27. Support			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
28.						
29.						
30.						
31. Connection to masonry chimney			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
32. Connection to factory-built chimney			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI

**Wood Stove and Flue Pipe - page 3**

<b>OTHER CONSIDERATIONS</b>	<b>COMMENTS</b>
33. Outdoor air connection	
34. Carbon monoxide alarm	
35. Smoke alarm	

Additional information:

Date: \_\_\_\_\_

File Reference #: \_\_\_\_\_

File reference No.: \_\_\_\_\_

Photos taken:     Yes     No

This checklist contains \_\_\_\_\_ pages in total. This report contains \_\_\_\_\_ pages in total.

**Comments and Observations:**

All non-compliance ratings should be considered for comment.

**Please attach additional page(s) for this section.**

<i>Customer Signature:</i>	<i>Inspector Signature:</i>  <i>Digital Signature:</i>
<i>Date:</i>	<i>Date:</i>