



WETT RECOMMENDED INSPECTION CHECKLIST

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

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

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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.						
Flue Pipe Type: <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

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OTHER CONSIDERATIONS	COMMENTS
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>