

WETT RECOMMENDED INSPECTION CHECKLIST

Requested by: JILL DETHOR	Inspection location: <input checked="" type="checkbox"/> Same as requested or:
Address: 1133 CRIDFORD RD. BRACEBRIDGE	Address:
Postal code:	Postal code:
Phone no's: 905-777-8222 905-512-1931	Phone no's:
Inspector's name: NICK KOKKAS	WETT no.: 10458
Reason(s) for inspection: NEW INSTALLATION	
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: MAY 30, 2018

WOODSTOVE AND FLUE PIPE

Appliance standard: <input checked="" type="checkbox"/> ULC S627 <input type="checkbox"/> EPA <input type="checkbox"/> CSA B415 <input type="checkbox"/> Unknown <input type="checkbox"/> Uncertified	
Listing agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH(ITS) <input type="checkbox"/> UL <input type="checkbox"/> OTL	
Manufacturer: JOTUL	Serial Number: 12003562 Model: F100 Flue Collar Size: 6"
Installation manual available: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Installed by: THE FIRE WITHIN	Date: 05/30/18 <input type="checkbox"/> Unknown Approx age: NEW
Installed in: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Mobile Home <input type="checkbox"/> Combustible Alcove <input type="checkbox"/> Garage <input type="checkbox"/> Other:	
Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Other:	
Connected to: <input type="checkbox"/> Masonry chimney <input type="checkbox"/> With s/s liner <input checked="" type="checkbox"/> F-B chimney <input type="checkbox"/> Other:	

Inspection Results: Indicate inspection results for each component. Code Compliance includes proper use of listed components. N/A = Not Applicable UTI = Unable To Inspect. An inspection can be expected to include some components marked UTI.

CLEARANCES	ACTUAL	REQ'D	CODE COMPLIANCE
1. Combustible side wall			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
2. Combustible rear wall			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3. Combustible corner			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
4. Top/ceiling			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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CLEARANCES, cont'd	ACTUAL	REQ'D	CODE COMPLIANCE, cont'd
5. Shielding			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
6. Ember pad size/material			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
7. Heat protection: floor			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> UTI

FLUE PIPE TYPE: Single wall Double wall Size: 6" Required Clearance: 6"

8. Clearances			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
9. Total length			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
10. Elbows	<u>NO ELBOWS USED</u>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
11. Fastening			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
12. Expansion joint if vertical			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> UTI
13.			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
14.			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
15. Connection to breech pipe			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
16. Connection to FB chimney			<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> UTI

OTHER CONSIDERATIONS	CODE COMPLIANCE
17. Alcove approved <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
18. Mobile home approved <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
19. Outdoor air connection <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Required? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> UTI
18.	
Photos taken: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Your file reference:	

Comments and Observations. All non-compliance ratings should be considered for comment. Please attach an additional page(s) for this section.

This checklist contains 2 pages in total. The Inspection Report contains 2 pages in total.

Inspector Signature: Nick Volms

Date: JUNE 1, 2018

Insert your company logo and contact information here



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CHRISTINE KITTL