

WETT RECOMMENDED INSPECTION CHECKLIST

Requested	Inspection location: <input type="checkbox"/> Same as requested or:
Address:	Address: 199 WEST DEVIL LAKE LANE
Postal code	Postal code: KOH 2L0
Phone no's	Phone no's:
Inspector's name: Shane White	WETT no. # 4247
Reason(s) for inspection: INSURANCE COMPANY NEW OWNER	
Level of inspection requested: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
Date of request: JULY 5 2021	Date of inspection:

PELLET STOVE AND PELLET VENT

JULY 14 2021

Appliance Standard: <input type="checkbox"/> ULC S627 <input checked="" 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 ETL	
Manufacturer: Heatlator	<input type="checkbox"/> Unknown <input type="checkbox"/> Flue Collar Size: 3"
Appliance Type: <input checked="" type="checkbox"/> Free Standing <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Fireplace	
Fuel: <input checked="" type="checkbox"/> Wood Pellet <input type="checkbox"/> Corn <input type="checkbox"/> Multi Fuel	
Pellet Vent Standard: <input checked="" type="checkbox"/> ULC S609 <input type="checkbox"/> Unknown	
Listing Agency: <input checked="" type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH(ITS) <input type="checkbox"/> UL <input type="checkbox"/> OTL	
Manufacturer: Selkirk	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Size: 4"
Installation manual available: Appliance: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes / Pellet vent: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
System installed by:	Date: AUG 2010 <input type="checkbox"/> Unknown
Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main floor <input type="checkbox"/> Other (specify):	

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.

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COMPONENT	ACTUAL(S)	CODE COMPLIANCE			
1. Appliance clearances	Side 138" Back 5"	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
2. Ember pad size/material	65" X 44" concrete	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
3. Outdoor combustion air Required? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
4. Pellet vent clearances	6"	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
5. Vent clean-out		<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
6. Sealed venting		<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
7. Venting rise	full chimney	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
8. Horizontal termination	doesn't apply	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> UTI
9. Termination ht above roof	36"	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI
10. Vent connects to chimney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> UTI
If yes, type of chimney:	4" chimney runs through second chimney				
11. "		<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> UTI

Photos taken: No Yes
 Your file reference:

Comments and Observations. All non-compliance ratings should be considered for comment. Attach additional page(s) if needed.
 Stove & chimney are installed up to code & in good working order

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

Inspector Signature: *Mama White*
 Date: JULY 15 2021

Insert your company logo and contact information here