





WETT RECOMMENDED INSPECTION CHECKLIST

FACTORY BUILT CHIMNEY

Requested by: 	Inspection location: <input checked="" type="checkbox"/> Same as requested or:
Address: 3169 COUNTY Rd 32 Seely's Bay	Address:
Email:	Email:
Phone No. 	Phone No.:
Inspector's name: <u>Mike PATTERSON</u>	WETT No.: <u>8187</u>
Reason(s) for inspection: <u>INSURANCE</u>	
Level of inspection requested: <input checked="" type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
Date of request: _____	Date of inspection: <u>Nov 9/2020</u>

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.



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FACTORY-BUILT CHIMNEY

Chimney Type: ULC S604 (Factory-built Type A) ULC S610 (Factory-built Fireplace Chimney)
 ULC S629 (650°C) Uncertified Unknown

Listing Agency: ULC CSA WH/ETL OTL Other: _____

Make: ICC **Model:** EXCEL

Installation manual available: Yes No

Installed by: _____ **Date:** _____ Unknown **Approx. Age:** 19 yrs

Installed in: Residence Mobile Home Garage
 Other: _____

Total height: _____ **Flue Size:** 6" Inside Installation Outside Installation

Connected to: WOODSTOVE **Make:** REGENCY **Model:** F2100M **Serial #:** _____

Connected to: _____ **Make:** _____ **Model:** _____ **Serial #:** _____

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.

COMPONENT	CODE COMPLIANCE			
1. Horizontal extension beyond inside wall surface	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
2. Wall radiation shield	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
3. Clean-out tee and cap	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
4. Wall supports	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
5. Ceiling support	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
6. Support spacing	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
7. Chimney offsets	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
8. Offset support	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
9. Firestopping	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI

Factory-built Chimney - page 2

COMPONENT	CODE COMPLIANCE			
10. Attic radiation shield	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
11. Other radiation shield(s)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
12. Enclosed through living space	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
13. Roof flashing/storm collar	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
14. Roof braces	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
15. Rain cap	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
16.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
17. Height above roof surface	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
18. Chimney clearance to combustibles	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> UTI
19.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
20.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
OTHER CONSIDERATIONS				
21. Areas of chimney enclosed or hidden	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTI
22.				
23.				

Date: Nov 9/2020

File Reference #: _____

File reference No.: _____

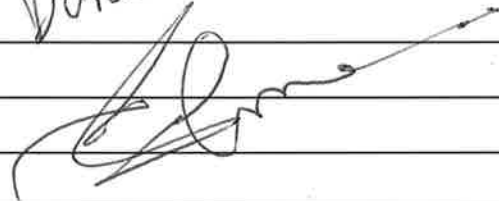
Photos taken: Yes No

This checklist contains 4 pages in total. This report contains 9 pages in total.

Comments and Observations:

All non-compliance ratings should be considered for comment.

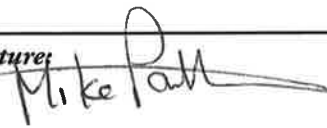
- REPLACE A SHEET OF PINK INSULATION WITH
ROXUL WHERE CHIMNEY GOES UP THROUGH FLOOR

DONE


Please attach additional page(s) for this section.

Customer Signature:

Inspector Signature:



Date:

Date:

Nov 9/2020