

**W.E.T.T. #390 Certified Master Technician/Master Sweep/
SITE Comprehensive Inspector**

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www.wett-inspector.ca

Re: WETT Inspection report

[REDACTED]
Location of inspection: 6868 Smith Ln, Perth Road, ON K0H 2L0
21 September 2023
[REDACTED]

To whom it may concern,

This is to confirm that I have inspected the wood stove and venting installation at the above-described recreational property (6868 Smith Ln, Perth Road, ON). The scope, purpose, and process of a Level 1 Inspection are defined in the accompanying document provided by WETT INC.

All clearances and specifications of the ULC S627/ EPA approved "Osburn 1600" wood stove meet or exceed those required by the Manufacturer's listed installation instructions as per the certification label affixed to the rear of the appliance. The stove is connected to an approved Factory Built chimney Standard S 629 with listed double wall flue pipe requiring 6" clearance. See photos and inspection checklist connected to this report for details of appliance and venting. The entire report comprises 3 PDF documents and 7 photographs. All 10 elements are required to the complete report.

There are no deficiencies that can be ascertained using Level 1 inspection criteria.

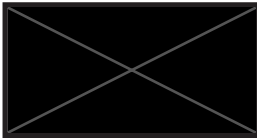
Any questions concerning this installation may be directed to me using the contact information in the letterhead.

Michael Rousseau
WETT #390

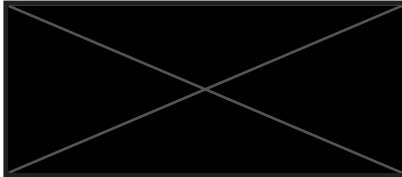
This report is the result of a general visual inspection to determine compliance with C.S.A. B365-17. This Level 1 inspection is non-destructive and does not include inaccessible places or attics. Any recommendations are based on apparent and obvious conditions found as of this date. The report is intended only as a record of this inspection and no warranty of safety or function is implied since deterioration and use are beyond my control.



WETT RECOMMENDED INSPECTION CHECKLIST

Requested 
Address:

Inspection location: Same as requested or:
Address:

Email 
Phon

Email:
Phone No.:

Inspector's name:

WETT No.:

Reason(s) for inspection:

Level of inspection requested: Level 1 Level 2 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>