

WETT RECOMMENDED INSPECTION CHECKLIST

Requested by: <u>Alex & Hailey Makin</u>	Inspection location: <input checked="" type="checkbox"/> Same as requested or:
Address: <u>5025 North Shore Road Perth Road Ont K0H 2L0</u>	Address:
Phone no's: <u>613-920-4602</u>	Phone no's:
Inspector's name: <u>AARON VAN Eerd</u>	WETT no.: <u>8463</u>
Reason(s) for inspection: <u>New Install</u>	
Level of inspection requested: <input checked="" type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
Date of request: <u>April 6 / 2021</u> Date of inspection: <u>same</u>	

WOODSTOVE AND FLUE PIPE

Appliance standard: UL C S627 EPA CSA B415 Unknown Uncertified

Listing agency: UL C CSA WH(ITS) UL OTL

Manufacturer: Jetul Serial Number: 20003488 Model: F500V3 Flue Collar Size: 6"

Installation manual available: No Yes

Installed by: Haven Home Date: April 6/2021 Unknown Approx age: New

Installed in: Residence Mobile Home Combustible Alcove Garage Other:

Appliance location: Basement Main Floor Other:

Connected to: Masonry chimney With s/s liner F-B chimney 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	<u>60"</u>	<u>14"</u>	<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
2. Combustible rear wall	<u>17"</u>	<u>6"</u>	<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 Floor/ceiling	<u>107"</u>	<u>82"</u>	<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Continued over page

WOOD STOVE AND FLUE PIPE, page 2

CLEARANCES, cont'd	ACTUAL	REQ'D	CODE COMPLIANCE, cont'd
5. Shielding			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Ember pad size/material	Continuous Tile		<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
7. Heat protection: floor	Tile 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	11 3/4"	6"	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
9. Total length	74"		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
10. Elbows	/	/	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Fastening	3 screws		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
12. Expansion joint if vertical	Yes		<input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> UTI
13.			<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
14.			<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
15. Connection to breech pipe			<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UTI
16. Connection to FB chimney	3 screws		<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 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 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
20.	
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 ____ pages in total. The Inspection Report contains ____ pages in total.

Inspector Signature: *Arnon Van Eerd*
Date: *April 6/2021*



CHECKLIST TYPE:

Page ____

Client Name:

Level of Inspection: Level 1 Level 2 Level 3

Comments and Observations. *All non-compliance ratings should be considered for comment.
Attach additional files if needed.*

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

Inspector Signature:

Date:

