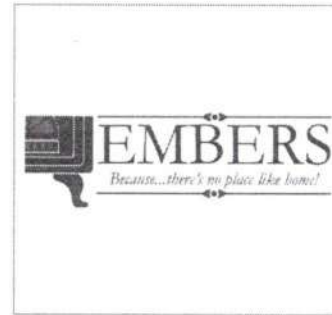




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This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.



Company: Embers  
Address: 63 North St, Perth, ON K7H 2T1  
Website: www.embers.on.ca  
Email: \_\_\_\_\_  
Phone: 613-264-0878

**REQUESTED BY:**

Name: [Redacted]  
Address: 1203 Bygrove Lane, Sharbot Lake, ON  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: [Redacted]

Inspector's name: Ben Merkley  
Reason(s) for inspection: Real Estate

Type of inspection requested:  Visual  Technical  Invasive

Date of request: \_\_\_\_\_

**INSPECTION LOCATION:**  Same as requested or:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

WETT #: 12893

1. **Visual Inspection:** This inspection includes the following:
  - a. Measurements of clearances.
  - b. Opening stove doors and all ground-accessible dampers/clean-out doors.
  - c. Visual inspection of the chimney from the ground.
  - d. WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
  - e. Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).
2. **Technical Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. Hands-on work which may include:
    - i. Taking apart flue pipes,
    - ii. Opening clean-outs,
    - iii. Entering the attic to view additional system components,
    - iv. Accessing the chimney on the roof.
  - c. Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.
3. **Invasive Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. All hands-on work as indicated in Technical Inspection.
  - c. General construction work to building elements including:
    - i. Opening of walls or ceilings,
    - ii. Disassembly or invasive work on masonry or prefab chimneys,
    - iii. Examination of chimney liners,
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- Date of inspection: 06/03/2026
- **Inspection Results:** Indicate inspection results for each component. Code compliance = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
  - **Suitable (Suitability)** refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
  - **Unsuitable** refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform.  
Note: an appliance that has been modified is no longer a certified appliance.
  - This inspection report only documents the conditions at the time of inspection.
  - All non-compliance ratings should be considered for comment. See "Comments" page(s)
  - An inspection, at any level, can be expected to include some components marked UTI.
  - Manufacturer's specific instructions/CSA B365/building code shall be used to complete this inspection form.
  - Appliances are not fired as part of an inspection. This is not a performance inspection.
  - The electrical system is not part of a solid-fuel inspection
  - Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
  - Persons signing a declaration must have physically inspected the work.
  - Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
  - Inspectors are checking for "Code Compliance." They do not "Pass" or "Fail."
  - Inspectors do not certify the appliance or the installation.
  - Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.



# WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY

<b>Has the type of inspection been discussed prior to inspection?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Appliance Make/Model/Serial #: <u>Jotul F100 ser#13097</u>
<b>Are copies of building permit/s available?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Installation manual available:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download
<b>Time of day:</b> Hours: <u>9</u> Minutes: <u>30</u> AM/PM <u>AM</u>	<b>Certification Standard:</b> <input checked="" type="checkbox"/> ULC S627 <input type="checkbox"/> EPA <input type="checkbox"/> CSA B415 <input type="checkbox"/> Uncertified <input type="checkbox"/> Unknown
<b>Weather conditions</b> (ice, snow, wind, rain, thunderstorm, sunny): <u>sunny</u>	<b>Listing Agency:</b> <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other/Comments: _____
<b>Roofing type/material:</b> _____	<b>Alcove approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Roof accessed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Attic accessed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Mobile home approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Chimney Make / Model:</b> <u>ICC Excel</u>	<b>Flue Collar Size:</b> <u>6"</u>
<b>Installation manual available:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download	<b>Is there a fan or blower attached?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Listing Agency:</b> <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____ <b>UTI:</b> _____	<b>Comments/condition of appliance</b> (baffle plate, air tubes, bricks, gaskets, etc.): Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Certification Standard:</b> <input type="checkbox"/> ULC S604 <input checked="" type="checkbox"/> ULC S629 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<b>Installed in:</b> <input checked="" type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277) <input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
<b>Comments/Condition of chimney</b> (dents, corrosion, perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See notes)	<b>Appliance location:</b> <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Inside installation <input checked="" type="checkbox"/> Outside installation	<b>Appliance Installed by:</b> <u>Embers</u> <b>Date:</b> _____ <input checked="" type="checkbox"/> Unknown
<b>Chimney Installed by:</b> <u>Embers</u> <input checked="" type="checkbox"/> Unknown <b>Date:</b> _____	<b>Height of Chimney</b> <input checked="" type="checkbox"/> UTI _____



# WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY

CLEARANCE TO	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
1. Combustible right side wall	15"	28"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
2. Combustible left side wall	15"	105"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
3. Combustible rear wall	11"	15"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
4. Combustible corner – right side (45 degrees)	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
5. Combustible corner – left side (45 degrees)	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
6. Top/ceiling	84"	110"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
7. Shielding ceiling		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
8. Wall shielding – rear		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
9. Wall shielding – right side		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
10. Wall shielding – left side		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
11. Ember pad material	Continuous, durable, non-combustible	continuous, non combustible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
12. Ember pad – front	Minimum 18"	continuous, non combustible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
13. Ember pad – rear	Minimum 8"	continuous, non combustible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
14. Ember pad – right side	Minimum 8"	continuous, non combustible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
15. Ember pad – left side	Minimum 8"	continuous, non combustible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
16. Radiant heat floor protection material – uncertified appliance	CSA B365-17: 8.1.4	<u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
17. Radiant heat floor protection material – certified appliance		<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
18. Hazardous location	CSA B365-17: 4.3	<u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
19. Outdoor combustion air	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
20. Is CO alarm present in the same room with solid-fuel-burning appliance?	9.32.4.2.3 (BCBC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> Yes
21. Is CO alarm present in the same room with solid-fuel-burning appliance?	9.32.3.9.3 (ABC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> Yes
22. Is CO alarm present?	9.33.4.2 (OBC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> Yes

It is the homeowner's responsibility to ensure that the CO alarm is in working condition and installed in accordance with applicable codes.  
NOTE: WETT inspectors do not test the CO alarm, they just note if it is present.



## FLUE PIPE

Flue Pipe/ Connector: **Type:**  Single-wall  Double-wall  ULC S641 Diameter: 6"  
 Manufacturer: ICC Model Ultra Black Listing Agency: W/H Is manual available?  Yes  No

FLUE PIPE/ CONNECTOR REQUIREMENTS	REQUIRED		ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN	
	Uncertified	Certified				
23. Wall clearances – right side	Unshielded 18" Shielded 9"	6"	<u>51"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes	
24. Wall clearances – left side	18"	9"	<u>6"</u>	<u>112"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
25. Wall clearances – rear wall	18"	9"	<u>6"</u>	<u>8"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

FLUE PIPE/ CONNECTOR REQUIREMENTS	REQUIRED		ACTUAL	CODE COMPLIANCE		PHOTOS TAKEN	
	Uncertified	Certified					
26. (a) Clearances - horizontal pipe	18"	9"	<u>6"</u>	<u>41"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
26. (b) Clearances – ceiling	18"	9"	<u>6"</u>	<u>41"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
27. Total length	Maximum 10'		<u>59"</u>	Actual(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
28. Elbows	Maximum 180°		<u>1 90</u>	Actual(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
29. Fastening	3 screws per joint		<u>3 screws</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
30. Allowance for expansion	Elbow/ slip/ adjust		<u>good</u>	Actual(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
31. Flue pipe orientation	Male end down		<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
32. Joint overlap	Min 30 mm (1-3/16")		<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
33. Flue pipe slope	Min ¼" per foot		<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
34. Material – steel or other non-combustible material with a melting point of not less than 1100 °C (2000 °F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
35. Minimum thickness of flue pipe			<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
36. Flue pipe condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
37. Pipe shielding <small>present</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>N/A</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
38. Support: horizontal <small>present</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
39. Barometric damper <small>present</small> CSA B365-17: 4.4.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>N/A</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
40. Flue-mounted heat reclaimers <small>present</small> CSA B365-17: 4.4.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>N/A</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
41. Does the flue pipe pass through floors or ceilings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>N/A</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
42. Connection to factory-built chimney – Mfr. instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>good</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes



# FACTORY-BUILT CHIMNEY

COMPONENT/CLEARANCE	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
43. Minimum horizontal extension beyond inside wall surface	_____	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
44. Maximum horizontal extension beyond inside wall surface	_____	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
45. Wall radiation shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
46. Base tee and cap	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
47. Base tee support	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
48. Wall support/band	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
49. Distance between supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
50. Chimney offsets	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
51. Offset support	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
52. Firestopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
53. Ceiling support	<input type="checkbox"/> Flat <input type="checkbox"/> Cathedral	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
54. Minimum vertical extension below ceiling	_____	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
55. Attic radiation shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes



**69. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes**

**(1)** Every chimney, flue and flue pipe shall be inspected to identify any dangerous condition

a) at intervals not greater than 12 months, b) at the time of addition of any appliance, and c) after any chimney fire.

**70. Fire Code = 2.6.1.4.**

**(2)** Chimneys, Flues and Flue Pipes shall be cleaned as often as necessary to keep them free from dangerous accumulations of combustible deposits.

**Appendix A – A.2.6.1.4 (2)** The presence in a chimney of deposits of soot or creosote in excess of 3 mm thick will indicate the need for immediate cleaning, possible modification of burning procedures and more frequent inspections.

(Amount of creosote should be noted in comments section.)

**71. Fire Code = 2.6.1.4 3) A chimney, or flue pipe shall be replaced or repaired to eliminate**

a) any structural deficiency or decay

**Appendix A – A.2.6.1.4 (3) (a)** Structural deficiencies are deviations from required construction, such as the absence of a liner or inadequate design of supports or ties. Instances of decay are cracking, settling, crumbling mortar, distortion, advanced corrosion, separation of sections, or loose or broken supports

**72. Fire Code = 2.6.1.4. 3) A chimney, flue, or flue pipe shall be replaced or repaired to eliminate**

b) all abandoned or unused openings that are not effectively sealed in a manner that would prevent the passage of fire or smoke.



File reference #: XXXXXXXXXX

Photos taken:  Yes  No Number of photos: \_\_\_\_\_

This checklist contains: 5 pages in total | This report contains: 9 pages in total.

**Comments and observations:**

All non-compliance ratings should be considered for comment. Add number of non-compliance line. More pages may be added. System as a whole appears to meet or exceed code and manufacturers instructions

Document prepared by WETT Advisor and Inspector Melinda Hamill #8670

Please attach additional page(s) if needed

Customer signature: \_\_\_\_\_

Inspector signature: 

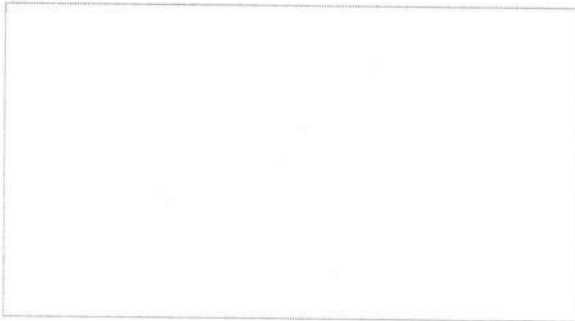
Inspector WETT #: 8670

Date: 6/3/26

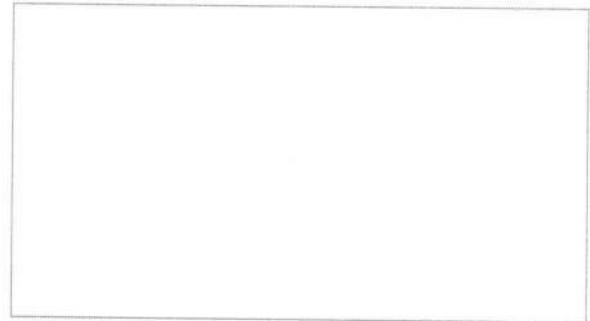
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**PHOTOS:**

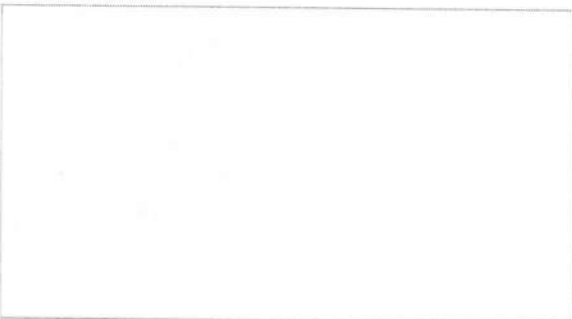
Section #: \_\_\_\_\_



Section #: \_\_\_\_\_



Section #: \_\_\_\_\_

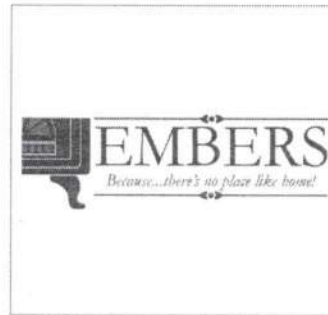


Section #: \_\_\_\_\_





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This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.

Company: Embers  
Address: 63 North St, Perth, ON K7H 2T1  
Website: www.embers.on.ca  
Email: \_\_\_\_\_  
Phone: 613-264-0878

**REQUESTED BY:**

Name: \_\_\_\_\_  
Address: 1203 Bygrove Lane, Sharbot Lake, ON  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Inspector's name: Ben Merkley  
Reason(s) for inspection: Real Estate

Type of inspection requested:  Visual     Technical     Invasive

Date of request: \_\_\_\_\_

**INSPECTION LOCATION:**  Same as requested or:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

WETT #: 12893

Date of inspection: 06/03/2026

1. **Visual Inspection:** This inspection includes the following:
  - a. Measurements of clearances.
  - b. Opening stove doors and all ground-accessible dampers/clean-out doors.
  - c. Visual inspection of the chimney from the ground.
  - d. WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
  - e. Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).
2. **Technical Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. Hands-on work which may include:
    - i. Taking apart flue pipes,
    - ii. Opening clean-outs,
    - iii. Entering the attic to view additional system components,
    - iv. Accessing the chimney on the roof.
  - c. Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.
3. **Invasive Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. All hands-on work as indicated in Technical Inspection.
  - c. General construction work to building elements including:
    - i. Opening of walls or ceilings,
    - ii. Disassembly or invasive work on masonry or prefab chimneys,
    - iii. Examination of chimney liners,
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- **Inspection Results:** Indicate inspection results for each component. Code compliance = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
- **Suitable (Suitability)** refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
- **Unsuitable** refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform.
- Note: an appliance that has been modified is no longer a certified appliance.
- This inspection report only documents the conditions at the time of inspection.
- All non-compliance ratings should be considered for comment.
- See "Comments" page(s)
- An inspection, at any level, can be expected to include some components marked UTI.
- Manufacturer's specific instructions/CSA B365/building code shall be used to complete this inspection form.
- Appliances are not fired as part of an inspection. This is not a performance inspection.
- The electrical system is not part of a solid-fuel inspection
- Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
- Persons signing a declaration must have physically inspected the work.
- Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
- Inspectors are checking for "Code Compliance." They do not "Pass" or "Fail."
- Inspectors do not certify the appliance or the installation.
- Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.



# FACTORY-BUILT FIREPLACE & CHIMNEY

Has the type of inspection been discussed prior to inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fireplace Make/ Model/Serial #: <u>Valcourt FP8 ser#000306</u>
Are copies of building permit/s available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Installation manual available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download
Time of day: <u>10:00 AM</u>	Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____
Weather conditions (ice, snow, wind, rain, thunderstorm, sunny): <u>sunny</u>	Certification Standard: <input checked="" type="checkbox"/> ULC S610 <input type="checkbox"/> CSA B415 <input type="checkbox"/> EPA <input type="checkbox"/> Unknown <input type="checkbox"/> Uncertified <input type="checkbox"/> Missing
Roofing type/material: _____	Is there a fan or blower attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Roof accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments/Condition of appliance (baffle plate, air tubes, bricks, glass, gaskets, grate, etc.) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See notes)
Chimney Make/Model #: <u>ICC Excel</u>	Mobile home approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is the chimney listed for use with this fireplace?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   Flue size: _____	Installed in: <input checked="" type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277) <input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
Installation manual available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download	Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Other (specify): _____
Certification Standard: <input type="checkbox"/> ULC S604 <input type="checkbox"/> ULC S629 <input type="checkbox"/> Other: _____	Appliance installed by: <u>Embers</u> Date: _____ <input checked="" type="checkbox"/> Unknown
Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____	
Comments/condition of chimney (dents, corrosion perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections, etc.) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see notes)	
<input checked="" type="checkbox"/> Inside installation <input type="checkbox"/> Outside installation   Height: <u>30'</u>	
Chimney Installed by: <u>Embers</u> Date: _____ <input checked="" type="checkbox"/> Unknown	



# FACTORY-BUILT FIREPLACE

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL(S)	CODE COMPLIANCE	PHOTOS TAKEN
1. Combustible mantle - height/depth	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
2. Combustible right side legs	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
3. Combustible left side legs	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
4. Combustible facing	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
5. Combustible side wall	12"	91"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
6. Fireplace louvers	good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
7. Ember strip	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
8. Hearth extension front	18"	18"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
9. Hearth extension right side	8"	14"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
10. Hearth extension left side	8"	14"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
11. Hearth material	stone	stone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
12. Floor radiation protection	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
13. Ceiling height	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
14. Is fireplace enclosed?	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
15. Clearances within enclosure	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes





COMPONENT/CLEARANCE	REQUIRED	ACTUAL(S)	CODE COMPLIANCE	PHOTOS TAKEN
44. Height above roof surface	Min 900 mm (3'/36")	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
45. Height within 3 m (10')	Min 600 mm (2'/24")	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
46. Cap height above chase cap	_____	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
47. Chimney clearance to combustibles	_____	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
48. Other areas of chimney enclosed or hidden	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>yes</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
49. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
50. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

51. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes

(1) Every chimney, flue and flue pipe shall be inspected to identify any dangerous condition

a) at intervals not greater than 12 months, b) at the time of addition of any appliance, and c) after any chimney fire.

52. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes

(2) Chimneys, Flues and Flue Pipes shall be cleaned as often as necessary to keep them free from dangerous accumulations of combustible deposits.

Appendix A – A.2.6.1.4 (2) The presence in a chimney of deposits of soot or creosote in excess of 3 mm thick will indicate the need for immediate cleaning, possible modification of burning procedures and more frequent inspections.

53. Fire Code = 2.6.1.4 3) A chimney, or flue pipe shall be replaced or repaired to eliminate

a) any structural deficiency or decay

Appendix A – A.2.6.1.4 (3) (a) Structural deficiencies are deviations from required construction, such as the absence of a liner or inadequate design of supports or ties. Instances of decay are cracking, settling, crumbling mortar, distortion, advanced corrosion, separation of sections, or loose or broken supports

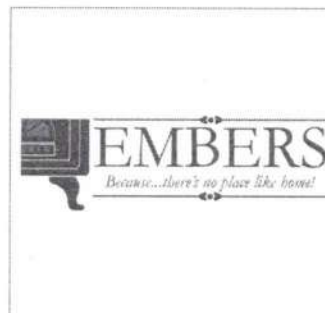
54. Fire Code = 2.6.1.4. 3) A chimney, flue, or flue pipe shall be replaced or repaired to eliminate

b) all abandoned or unused openings that are not effectively sealed in a manner that would prevent the passage of fire or smoke.





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This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.

Company: Embers  
Address: 63 North St, Perth, ON K7H 2T1  
Website: www.embers.on.ca  
Email: \_\_\_\_\_  
Phone: 613-264-0878

**REQUESTED BY:**

Name: \_\_\_\_\_  
Address: 1203 Bygrove Lane, Sharbot Lake, ON  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Inspector's name: Ben Merkley  
Reason(s) for inspection: Real Estate

Type of inspection requested:  Visual     Technical     Invasive

Date of request: \_\_\_\_\_

**INSPECTION LOCATION:**  Same as requested or:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

WETT #: 12893

Date of inspection: 06/03/2026

1. **Visual Inspection:** This inspection includes the following:
  - a. Measurements of clearances.
  - b. Opening stove doors and all ground-accessible dampers/clean-out doors.
  - c. Visual inspection of the chimney from the ground.
  - d. WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
  - e. Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).
2. **Technical Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. Hands-on work which may include:
    - i. Taking apart flue pipes,
    - ii. Opening clean-outs,
    - iii. Entering the attic to view additional system components,
    - iv. Accessing the chimney on the roof.
  - c. Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.
3. **Invasive Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in Visual Inspection.
  - b. All hands-on work as indicated in Technical Inspection.
  - c. General construction work to building elements including:
    - i. Opening of walls or ceilings,
    - ii. Disassembly or invasive work on masonry or prefab chimneys,
    - iii. Examination of chimney liners,
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- **Inspection Results:** Indicate inspection results for each component. **Code compliance** = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
- **Suitable (Suitability)** refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
- **Unsuitable** refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform.
- Note: an appliance that has been modified is no longer a certified appliance.
- This inspection report only documents the conditions at the time of inspection.
- All non-compliance ratings should be considered for comment.
- See "Comments" page(s)
- An inspection, at any level, can be expected to include some components marked UTI.
- Manufacturer's specific instructions/CSA B365/building code shall be used to complete this inspection form.
- Appliances are not fired as part of an inspection. This is not a performance inspection.
- The electrical system is not part of a solid-fuel inspection
- Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
- Persons signing a declaration must have physically inspected the work.
- Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
- Inspectors are checking for "Code Compliance." They do not "Pass" or "Fail."
- Inspectors do not certify the appliance or the installation.
- Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.



# FACTORY-BUILT FIREPLACE & CHIMNEY

Has the type of inspection been discussed prior to inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fireplace Make/ Model/Serial #: <u>Valcourt FP7</u>
Are copies of building permit/s available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Installation manual available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download
Time of day: <u>10:30 AM</u>	Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____
Weather conditions (ice, snow, wind, rain, thunderstorm, sunny): <u>sunny</u>	Certification Standard: <input checked="" type="checkbox"/> ULC S610 <input type="checkbox"/> CSA B415 <input type="checkbox"/> EPA <input type="checkbox"/> Unknown <input type="checkbox"/> Uncertified <input type="checkbox"/> Missing
Roofing type/material: _____	Is there a fan or blower attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments/Condition of appliance (baffle plate, air tubes, bricks, glass, gaskets, grate, etc.) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See notes)
Chimney Make/Model #: <u>ICC Excel</u>	Mobile home approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is the chimney listed for use with this fireplace?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   Flue size: <u>6"</u>	Installed in: <input checked="" type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277) <input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
Installation manual available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download	Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Other (specify): _____
Certification Standard: <input type="checkbox"/> ULC S604 <input checked="" type="checkbox"/> ULC S629 <input type="checkbox"/> Other _____	Appliance Installed by: <u>Embers</u> Date: _____ <input checked="" type="checkbox"/> Unknown
Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____	
Comments/condition of chimney (dents, corrosion perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections, etc.) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see notes)	
<input checked="" type="checkbox"/> Inside installation <input type="checkbox"/> Outside installation   Height: <u>30'</u>	
Chimney Installed by: <u>Embers</u> Date: _____ <input checked="" type="checkbox"/> Unknown	



# FACTORY-BUILT FIREPLACE

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL(S)	CODE COMPLIANCE		PHOTOS TAKEN
1. Combustible mantle - height/depth	46"/6"	57"/5"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
2. Combustible right side legs	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
3. Combustible left side legs	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
4. Combustible facing	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
5. Combustible side wall	6"	144"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
6. Fireplace louvers	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
7. Ember strip	UTI	<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"/> UTI	<input type="checkbox"/> Yes
8. Hearth extension front	18"	26 1/2"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
9. Hearth extension right side	8"	72"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
10. Hearth extension left side	8"	38"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
11. Hearth material	stone	stone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
12. Floor radiation protection	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
13. Ceiling height	84"	87"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
14. Is fireplace enclosed?	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
15. Clearances within enclosure	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL(S)	CODE COMPLIANCE	PHOTOS TAKEN
16. Gravity vent grille clearance	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
17. Gravity vent clearance	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
18. Central heating kit	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
19. Glass doors	good	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
20. Fire screen	good	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
21. Chase framing size	UTI	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
22. Is chase insulated, air/vapour barriered and drywall/sheathing?	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
23. Is chase clear of debris?	UTI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Yes
24. Outdoor combustion air	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
25. Is CO alarm present in same room with solid-fuel-burning appliance?	9.32.4.2.3 (BCBC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
26. Is CO alarm present in same room with solid-fuel-burning appliance?	9.32.3.9.3 (NBC/ABC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
27. Is CO alarm present?	9.33.4.2 (OBC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
<i>It is the homeowner's responsibility to ensure that the CO alarm is in working condition and installed in accordance with applicable codes. NOTE: WETT inspectors do not test the CO alarm, they just note if it is present.</i>				
28. good		good	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes



COMPONENT/CLEARANCE	REQUIRED	ACTUAL(S)	CODE COMPLIANCE	PHOTOS TAKEN
44. Height above roof surface	Min 900 mm (3'36")	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
45. Height within 3 m (10')	Min 600 mm (2'24")	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
46. Cap height above chase cap	_____	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
47. Chimney clearance to combustibles	_____	<u>good</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
48. Other areas of chimney enclosed or hidden	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>yes</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
49. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes
50. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UTI	<input type="checkbox"/> Yes

51. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes

(1) Every chimney, flue and flue pipe shall be inspected to identify any dangerous condition

a) at intervals not greater than 12 months, b) at the time of addition of any appliance, and c) after any chimney fire.

52. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes

(2) Chimneys, Flues and Flue Pipes shall be cleaned as often as necessary to keep them free from dangerous accumulations of combustible deposits.

**Appendix A – A.2.6.1.4 (2)** The presence in a chimney of deposits of soot or creosote in excess of 3 mm thick will indicate the need for immediate cleaning, possible modification of burning procedures and more frequent inspections.

53. Fire Code = 2.6.1.4 3) A chimney, or flue pipe shall be replaced or repaired to eliminate

a) any structural deficiency or decay

**Appendix A – A.2.6.1.4 (3)** (a) Structural deficiencies are deviations from required construction, such as the absence of a liner or inadequate design of supports or ties. Instances of decay are cracking, settling, crumbling mortar, distortion, advanced corrosion, separation of sections, or loose or broken supports

54. Fire Code = 2.6.1.4. 3) A chimney, flue, or flue pipe shall be replaced or repaired to eliminate

b) all abandoned or unused openings that are not effectively sealed in a manner that would prevent the passage of fire or smoke.



File reference #: chenierlyndalivingroomwett

Photos taken:  Yes  No Number of photos: \_\_\_\_\_

This checklist contains: 6 pages in total | This report contains: 9 pages in total.

**Comments and observations:**

All non-compliance ratings should be considered for comment. Add number of non-compliance line. More pages may be added. System as a whole appears to meet or exceed code and manufacturers instructions

~~Document prepared by WETT Advisor and Inspector Melinda Hamill #8670~~

Please attach additional page(s) if needed

Customer signature: \_\_\_\_\_

Inspector signature: *Melinda Hamill*

Inspector WETT #: 8670

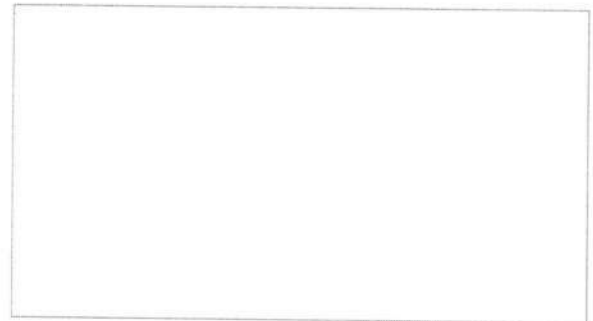
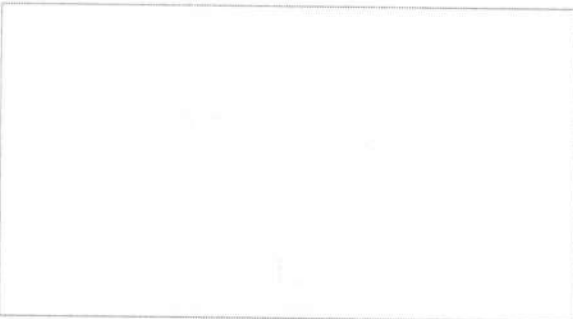
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Date: 6/3/26

**PHOTOS:**

Section #: \_\_\_\_\_

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