

Solid Fuel / Woodstove Questionnaire

Date: _____

Producer: _____ Policy #: _____
Insured: _____ Location: _____ Dwg #: _____

Solid Fuel or Woodstove Device

Manufacturer -		Brand Name -		Model # -	Fuel Type -
Stove Type- <input type="checkbox"/> Radiant <input type="checkbox"/> Circulating	Does unit have a Testing Laboratory Label? (UL or Other) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Unit - <input type="checkbox"/> Free Standing <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Central Hot Water <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Homemade <input type="checkbox"/> Barrel Type <input type="checkbox"/> Pellet <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____			
Construction- <input type="checkbox"/> Cast Iron <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Plate Steel <input type="checkbox"/> Other: _____		Location- <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Other: _____		The Year the Device was installed: _____	
Was the Installation done by a Professional Installer, such as a Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Installation was Inspected by - <input type="checkbox"/> Fire Department <input type="checkbox"/> Local Building Dept. <input type="checkbox"/> Not Inspected <input type="checkbox"/> Other: _____		Heating Use - <input type="checkbox"/> Total (Only Heat Source) <input type="checkbox"/> Primary (Main Heat Source) <input type="checkbox"/> Supplemental <input type="checkbox"/> Occasional	
What other Type of Heating Source is used? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other: _____			Is the Device free from large cracks and/or broken parts? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Chimney

Chimney Construction - <input type="checkbox"/> Masonry, with a liner <input type="checkbox"/> Masonry, without a liner <input type="checkbox"/> Metal, Triple Wall (Class A & UL Listed) <input type="checkbox"/> Metal, Double Wall Insulated (Class A & UL Listed) <input type="checkbox"/> Metal, Single Wall (Class A & UL Listed) <input type="checkbox"/> Other: _____	
If Masonry, does the Tile Flue Lining extend from below the stovepipe entry point to the top of the Chimney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the chimney "covered with" or "hidden behind" a combustible wall? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give the distance from smoke pipe to the edges of the opening in that wall or cover: _____ inches Is there a protective thimble or other non-combustible material present to protect the combustible wall? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Stove Pipe

Stove Pipe is - <input type="checkbox"/> Single Wall Metal <input type="checkbox"/> Double Wall or Insulated	Does the Stove Pipe fit snug into the Chimney opening? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Stove Pipe have a "Waste Heat Collector/Circulator", "Heat Reclaimer", "Catalytic Converter", "Heat Extractor", or Circulating Fan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Stove Pipe connections securely fastened to each other with screws at each connection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Smoke Pipe pass through any interior combustible wall, ceiling, closet or concealed area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check one of the following: <input type="checkbox"/> Passes through a ventilated thimble with a diameter of ____ inches <input type="checkbox"/> No Thimble, distance from pipe to edges of opening is ____ inches	

Unit Clearances

Distance from unit to: Rear Wall ____ Feet ____ Inches Left Wall ____ Feet ____ Inches Right Wall ____ Feet ____ Inches Bottom or unit to Floor ____ Feet ____ Inches Front of unit to the front edge of the floor protection ____ Feet ____ Inches Stove Pipe to Wall ____ Feet ____ Inches Top of Pipe to the Ceiling ____ Feet ____ Inches Diameter of Pipe ____ Inches Distance from unit to Furniture, Drapes, Wood Storage or other combustibles ____ Feet ____ Inches
Is there protective material on: <input type="checkbox"/> Walls <input type="checkbox"/> Floors <input type="checkbox"/> Ceiling If Yes, describe material used and dimensions

Fire Protection

Is there a fire extinguisher in the building and is it in operating condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a smoke detector in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a heat sensor in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a carbon monoxide detector in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No

Cleaning

How often is the stove, chimney and stove smoke pipe cleaned and inspected? _____ By Whom? _____ Is this person a certified chimney sweep? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last cleaning and inspection: _____ What type of container is used to dispose of the ashes? _____ Where are ashes stored? _____

Remarks

Note: Include at least one photograph of the Stove and one photograph of the exterior chimney