

# Solid Fuel / Woodstove Questionnaire



Date: \_\_\_\_\_

Producer: \_\_\_\_\_  
Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Location: \_\_\_\_\_ Dwg #: \_\_\_\_\_

## Solid Fuel or Woodstove Device

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

## Chimney

<b>Chimney Construction -</b> <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: _____	
<b>If Masonry, does the Tile Flue Lining extend from below the stovepipe entry point to the top of the Chimney?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is the chimney "covered with" or "hidden behind" a combustible wall?</b> <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

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

<b>Distance from unit to:</b> 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
<b>Is there protective material on:</b> <input type="checkbox"/> Walls <input type="checkbox"/> Floors <input type="checkbox"/> Ceiling If Yes, describe material used and dimensions

## Fire Protection

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

## Cleaning

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

## Remarks

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