**WOOD/COAL BURNING FACILITY QUESTIONNAIRE**

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| **REQUIREMENTS** | | | |
| 1. A photo of the wood/coal burning facility must be submitted with this Questionnaire.  2. Questionnaire and photo must be submitted with application for insurance.  3. Woodstove must be inspected and questionnaire signed by a licensed contractor or member of local fire department when facility is NOT factory installed or commercially installed by appliance distributor or licensed expert. | | | |
| **STOVE INFORMATION** | | | |
| TYPE | ❑ Radiant ❑ Circulating ❑ Franklin ❑ Other (specify): | | |
| MAKE/NAME | By: U.L. Approved? ❑ Yes ❑ No | | |
| USE | ❑ Primary Heat ❑ Auxiliary Heat ❑ Cooking ❑ Other (specify): | | |
| INSTALLED | By: Date: | | |
| FLOOR PROTECTION | ❑ Asbestos Millboard Covered with Metal ❑ Metal ❑ Stone/Brick ❑ Other (specify below) | | |
| WALL PROTECTION | ❑ Asbestos Millboard Covered with Metal ❑ Metal ❑ Asb. Millbrd ❑ Other (specify below) | | |
| CHIMNEY &  STOVE PIPES | CHIMNEY TYPE: ❑ Factory ❑ Masonry ❑ Other (describe): | | |
| How often checked for creosote build-up? | | |
| Date Last Cleaned: By Whom? | | |
| Does vent pass through a combustible partition? ❑ Yes ❑ No  If yes, is protection thimble or sleeve used? ❑ Yes ❑ No  Does pipe vent pass directly through the roof? ❑ Yes ❑ No  Are any other heating units vented to chimney? ❑ Yes ❑ No (Describe below.)  Is stove vent system equipped with heat reclaiming unit or flue radiator? ❑ Yes ❑ No | | |
| **CLEARANCES** | | | |
| 1. Side of unit to nearest wall inches.  ➄  ➃  ➆  ➅  ➂  ➁  ➀  2. Rear of unit to wall inches.  3. Top of stovepipe to ceiling inches.  4. Bottom of unit to floor inches.  5. Front of unit to front edge of floor protection inches.  6. Size of stovepipe used inches.  7. Size of thimble or roof joist shield inches.  Do these distances comply with the manufacturer’s standards? ❑ Yes ❑ No | | |  |
| **MISCELLANEOUS** | | | |
| FUEL | | ❑ Wood ❑ Coal ❑ Other (specify): | |
| PREVENTION | | Fire Extinguisher in Room? ❑ Yes ❑ No Smoke Alarm? ❑ Yes ❑ No | |
| ADDITIONAL REMARKS | |  | |

Inspector Signature: Date Inspected:

**PHOTO MUST BE ATTACHED**