



Mid Valley General Agency LLC
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WOOD/COAL BURNING FACILITY QUESTIONNAIRE

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	<input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other (specify):		
MAKE/NAME	By:	U.L. Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
USE	<input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (specify):		
INSTALLED	By:	Date:	
FLOOR PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (specify below)		
WALL PROTECTION	<input type="checkbox"/> Asbestos Millboard Covered with Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asb. Millbrd <input type="checkbox"/> Other (specify below)		
CHIMNEY & STOVE PIPES	CHIMNEY TYPE: <input type="checkbox"/> Factory <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe):		
	How often checked for creosote build-up?		
	Date Last Cleaned:		By Whom?
	Does vent pass through a combustible partition?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, is protection thimble or sleeve used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does pipe vent pass directly through the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are any other heating units vented to chimney? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe below.)		
Is stove vent system equipped with heat reclaiming unit or flue radiator?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

CLEARANCES

- | | | | |
|--|-------|---------|--|
| 1. Side of unit to nearest wall..... | _____ | inches. | |
| 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	<input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other (specify):		
PREVENTION	Fire Extinguisher in Room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL REMARKS			

Inspector Signature: _____

Date Inspected: _____

PHOTO MUST BE ATTACHED