Wood Energy Technical Training

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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.

Out Of The Woods Home Inspection

Company: Out Of The Woods Home Inspection
Address: Cranbrook, BC
Website: www.outofthewoodshome inspection.com
Email: outofthewoodshomeinspection@gmail.com
Phone: 250-417-1701

REQUESTED BY:

Name: _____
Address: _____
Email: _____
Phone: _____
Cell Phone: _____

INSPECTION LOCATION: ☐ Same as requested or:

Name: _____
Address: _____
Email: _____
Phone: _____
Cell Phone: _____

Inspector's name: _____
WETT #: 13720

Reason(s) for inspection: _____

Type of inspection requested: ☒ Visual ☐ Technical ☐ Invasive

Date of request: _____
Date of inspection: _____

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.

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

(SAMPLE – FOR DISPLAY PURPOSES ONLY)

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

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

CLEARANCE TO	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
1. **Combustible right side wall**	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
2. **Combustible left side wall**	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
3. **Combustible rear wall**	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
4. **Combustible corner – right side** (45 degrees)	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
5. **Combustible corner – left side** (45 degrees)	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
6. **Top/ceiling**	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes

CLEARANCES/REQUIREMENTS	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
7. **Shielding ceiling**	_____ _____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
8. **Wall shielding – rear**	_____ _____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
9. **Wall shielding – right side**	_____ _____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
10. **Wall shielding – left side**	_____ _____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
11. **Ember pad material**	Continuous, durable, non-combustible	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
12. **Ember pad – front**	Minimum 18”	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
13. **Ember pad – rear**	Minimum 8”	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
14. **Ember pad – right side**	Minimum 8”	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
15. **Ember pad – left side**	Minimum 8”	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes

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

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FLUE PIPE

Flue Pipe/ Connector: **Type:** ❑ Single-wall ❑ Double-wall ❑ ULC S641 Diameter: _____

Manufacturer: _____ Model _____ Listing Agency: _____ Is manual available? ❑ Yes ❑ No

FLUE PIPE/ CONNECTOR REQUIREMENTS	REQUIRED Uncertified	Certified	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
	Unshielded	Shielded			
23. Wall clearances – right side	18”	9”	_____ _____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
24. Wall clearances – left side	18”	9”	_____ _____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
25. Wall clearances – rear wall	18”	9”	_____ _____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes

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

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FACTORY-BUILT CHIMNEY

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

COMPONENT/CLEARANCE	REQUIRED	ACTUAL	CODE COMPLIANCE	PHOTOS TAKEN
56. Is attic radiation shield above insulation level?	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
57. Other radiation shield(s)	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
58. Enclosed through living space	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
59. Roof flashing/storm collar	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
60. Rain cap	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
61. Rain cap spark arrestor	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
62. Roof braces	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
63. Roof brace solidly anchored	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
64. Height above roof surface	Min – 900 mm (3'/36")	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
65. Height within 3 m (10')	Min – 600 mm (2'/24")	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
66. Chimney height above chase cap	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
67. Chimney clearance to combustibles	_____	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ Yes
68. Other areas of chimney enclosed or hidden	❑ Yes ❑ No	_____	❑ Yes ❑ No ❑ N/A ❑ UTI	☐ 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.

Wood Energy Technical Training

File reference #: _____

Photos taken: ❑ Yes ❑ No Number of photos: _____

This checklist contains: _____ pages in total | This report contains: _____ 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.

Please attach additional page(s) if needed

Customer signature: _____ Inspector signature: _____

Inspector WETT #: 13720

Date: _____ Date: _____

PHOTOS:

Section #: _____ Section #: _____

Section #: _____ Section #: _____

Section #: _____

Section #: _____

Section #: _____

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