



WETT RECOMMENDED INSPECTION CHECKLIST

Requested by: Doug Reid	Inspection location: ☐ Same as requested or:
Address: 1048 Brackenrig Rd Port Carling Ontario	Address:
Email: dougasmreid@icloud.com	Email:
Phone No.: 705-706-2526	Phone No.:
Inspector's name: <i>Paul Kennedy</i>	WETT No.: <i>11094</i>
Reason(s) for inspection: Insurance Coverage	
Level of inspection requested: ☒ Level 1 ☐ Level 2 ☐ Level 3	
Date of request: 11/19/2019	Date of inspection: 11/26/2019

Note: Inspection results shown are what was present/noted at time of inspection.

This report documents findings at the time of the inspection. Compliance is referenced to currently published applicable codes and standards.



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WOOD STOVE AND FLUE PIPE

Certification Standard: ☒ ULC S627 ☐ EPA ☐ CSA B415 ☐ Uncertified ☐ Unknown

Listing Agency: ☐ ULC ☐ CSA ☒ WH/ETL ☐ OTL ☐ Other:

Make: Haughs **Model:** S-126 **Serial #:** WH-58551

Installation Manual Available: ☒ Yes ☐ No **Flue Collar Size:** 6"

Alcove Approved: ☒ N/A ☐ Yes ☐ No ☐ UTI

Mobile Home Approved: ☒ N/A ☐ Yes ☐ No ☐ UTI

Installed By: **Date:** ☒ Unknown

Installed In: ☒ Residence ☐ Mobile Home ☐ Combustible Alcove ☐ Garage ☐ Other:

Appliance Location: ☐ Basement ☒ Main Floor ☐ Other:

Connected To: ☐ Masonry Chimney ☐ Masonry Chimney with Stainless Steel Liner

☒ Factory-Built Chimney ☐ Other:

Does the Unit Share a Venting System with Another Appliance: ☐ Yes ☒ No

Inspection Results: Indicate inspection results for each component. Code Compliance includes proper use of listed components. N/A = Not Applicable, UTI = Unable to Inspect. All non-compliance ratings should be considered for comment.

An Inspection at any level can be expected to include some components marked "UTI".

COMPONENT	Required	Actual (s)	CODE COMPLIANCE			
1. Combustible Side Wall			☒ N/A	☐ Yes	☐ No	☐ UTI
2. Combustible Rear Wall			☒ N/A	☐ Yes	☐ No	☐ UTI
3. Combustible Corner	9.25"	9.25"	☐ N/A	☐ Yes	☐ No	☐ UTI
4. Top / Ceiling	84"	92"	☐ N/A	☐ Yes	☐ No	☐ UTI
5. Shielding Rear	Cement Board		☐ N/A	☒ Yes	☐ No	☐ UTI
6. Shielding Right Side			☒ N/A	☐ Yes	☐ No	☐ UTI
7. Shielding Left Side			☒ N/A	☐ Yes	☐ No	☐ UTI
8. Shielding Corner			☒ N/A	☐ Yes	☐ No	☐ UTI
9. Ember Pad / Material	Hearth Pad		☐ N/A	☒ Yes	☐ No	☐ UTI
10. Ember Pad / Front	18"	20"	☐ N/A	☐ Yes	☐ No	☐ UTI
11. Ember Pad / Rear	8"		☐ N/A	☒ Yes	☐ No	☐ UTI
12. Ember Pad / Right Side	8"	27"	☐ N/A	☒ Yes	☐ No	☐ UTI

13. Ember Pad / Left Side	8'	27"	☒ N/A	☒ Yes	☐ No	☐ UTI
14. Ember Pad / Corner			☐ N/A	☒ Yes	☐ No	☐ UTI
15. Radiant Heat Protection / Material	Hearth Pad		☐ N/A	☒ Yes	☐ No	☐ UTI
16.			☐ N/A	☐ Yes	☐ No	☐ UTI
17.			☐ N/A	☐ Yes	☐ No	☐ UTI
Flue Pipe Type: ☐ Single-Wall ☒ Double-Wall ☐ ULC S641 Diameter: 6"						
18. Clearances	6"	18"	☐ N/A	☒ Yes	☐ No	☐ UTI
19. Total Length	240"	54"	☐ N/A	☒ Yes	☐ No	☐ UTI
20. Elbows			☒ N/A	☐ Yes	☐ No	☐ UTI
21. Fastening			☐ N/A	☒ Yes	☐ No	☐ UTI
22. Allowance for Expansion			☐ N/A	☒ Yes	☐ No	☐ UTI
23. Flue Pipe Orientation			☐ N/A	☒ Yes	☐ No	☐ UTI
24. Flue Pipe Slope			☐ N/A	☒ Yes	☐ No	☐ UTI
25. Material			☐ N/A	☒ Yes	☐ No	☐ UTI
26. Pipe Shielding			☒ N/A	☐ Yes	☐ No	☐ UTI
27. Support			☐ N/A	☒ Yes	☐ No	☐ UTI
28.						
29.						
30.						
31. Connection to Masonry Chimney			☒ N/A	☐ Yes	☐ No	☐ UTI
32. Connection to Factory-Built Chimney			☐ N/A	☒ Yes	☐ No	☐ UTI
OTHER CONSIDERATIONS			COMMENTS			
33. Outdoor Air Connection			N/A			
34. Carbon Monoxide Alarm			Yes			
35. Smoke Alarm			Yes			

Additional Information:

The wood burning appliance and flue pipe was inspected to determine the clearance to combustibles based on the installation manual, the national building code and / or CSA B365. The inspection does not address the appliances physical deficiencies and /or its future performance or lack thereof.

Date: 11/26/2019

File Reference #: 9112-19

Photos Taken: ☒ Yes ☐ No

This checklist contains 2 pages in total. This report contains 4 pages in total.

Comments and Observations:

At the time of the inspection the wood stove, flue pipe and visible components were code compliant in accordance with the Building Code, Fire Code, the Manufactures Installation instructions and the standards of the W.E.T.T. program.

Please attach additional page(s) for this section.

Customer Signature: _____ **Date:** _____



Inspector Signature: _____ **Date:** 11/26/2019

WETT Recommended Inspection Checklist