

Supplemental Heating Questionnaire

1. Make/Name of Unit?_____ Year Built?_____
2. Date Installed?_____ By whom?_____
3. Installation Inspected by:
☐ Municipal Bldg. Insp. ☐ Fire Dept. ☐ Other _____ ☐ Not Inspected
4. Location of unit, including room and floor level?_____

5. Is stove placed on non-combustible pad (include type of material)? _____

6. Surrounding walls: ☐ Combustible ☐ Non-Combustible Distance: _____inches
7. Type of fuel used?_____
8. Use of stove: ☐ Primary heat source (i.e. furnace rarely used)
☐ Secondary – occasional use ☐ Cooking
☐ Trash disposal ☐ Other _____
9. Chimney Construction: ☐ Brick ☐ Stone ☐ Cinder Block
☐ Metal Other _____
10. Is chimney lined? ☐ Yes ☐ No
11. How often is the flue cleaned? _____
12. By whom? _____