

WETT RECOMMENDED INSPECTION CHECKLIST

Northmore Heating and Cooling Ltd. Peterborough ON 705-341-4800

Requested by:	Inspection location: Same as requested or:
Address:	Address:
	138 Hill Drive Buckhorn oN
Email:	Email:
Email:	Emau:
Phone No.:	Phone No.:
Inspector's name:	WETT No.:
Reason(s) for inspection:	
Level of inspection requested:	1
Date of request:	Date of inspection:

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.



6. Ember pad / left side

7. Ember pad / right side

9. Floor protection material

8. Ember pad / front

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FIREPLACE INSERT OR HEARTH-MOUNTED STOVE

Transfer Inc.	FIREPLACE	INSER	OK T EA	KIH-M	OUNTEL	3 10	VE		
Certification Standard:	ULC S628	EPA	☐ CSA B	415	☐ Uncei	rtified		Un	known
Listing Agency: □ ULC	□ CSA □ W	H/ETL	☐ OTL		Other:				
Appliance Type: □ Fireplace	e Insert 🔲 Hea	arth-mou	nted Stove	☐ Flu	ıe collar si	ze:			
Make:	Model	•			_ Serial :	#:			
Installation manual available Northmore Heal Installed by: Cooling Ltd	ting and Date:			Inknown	Approx.	Age: _			
Fireplace type:		•							
☐ Factory-built: Make:		Model: _			Serial :	# :			
Chimney type:	asonry 🛭 Facto	ory-built							
Appliance location: □ B	asement 🛭 N	1ain Floo	r 🛭 O	ther (spe	ecify):				
Does the unit share a ventin	g system with an	other ap	plicance?		Yes	□ No)		
Inspection Results: Indicate in components. N/A = Not Applicate All no	able UTI = Unable n-compliance ration	e To Inspe ngs shoul	ect. d be conside	ered for	comment		_		e of listed
CLEARANCES	REQUIRED	Астиа	L(s)		CODE C	OMPLIAN	ICE		
1. Combustible mantle				N/A	☐ Yes		No		UTI
2. Top trim / facing				N/A	☐ Yes		No		UTI
3. Side trim / facing				N/A	☐ Yes		No		UTI
4. Combustible side wall				N/A	☐ Yes		No		UTI
5. Ember pad material				N/A	☐ Yes		No		UTI

□ N/A

□ N/A

□ N/A

□ N/A

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ No

☐ No

☐ No

☐ No

☐ UTI

☐ UTI

☐ UTI

☐ UTI

1. Floor protection / right side 2. Floor protection / front				N/A		Yes	No	UTI
2. Floor protection / front				N/A		Yes	No	UTI
1				N/A		Yes	No	UTI
3. Connection to stainless steel liner				N/A		Yes	No	UTI
4. Liner is continuous D No D Yes				N/A	٥	Yes	No	UTI
5. Liner size Actual:				N/A		Yes	No	UTI
6. Liner cap No Yes				N/A		Yes	No	UTI
7.								
3.								
).								
OTHER CONSIDERATIONS								
). Fireplace modified ☐ No ☐ Yes				N/A		Yes	No	UTI
1. Outdoor air connection				N/A		Yes	No	UTI
2. Carbon monoxide alarm								
3. Smoke alarm								
Idditional information: Currently has hearth and below prouted thus is not complete. Our mantle above the insert is variets out from the brick face	Once grouted will wooden and pro	ll be compliant fo	r emb	per pro	tectio	on.		

File reference No.:					
The reference 140					
Photos taken:					
This checklist contains pages in total. This report contains pages in total.					
Comments and Observations: All non-compliance ratings should be co	onsidered for comment.				
Please attach additional page(s) for this section.					
	Inspector Signature:				
Customer Signature:	Digital Signature:				
Date:	Date:				