

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?* _____