## **Supplemental Heating Questionnaire**

1.	Make/Name of Unit?			Year Built?
2.	Date Installed?	By wl	nom?	
3.	Installation Inspected by:			
	☐ Municipal Bldg.	Insp. □ Fire	Dept.   Other	er   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 cle	aned?		
12	By whom?			