



WETT RECOMMENDED INSPECTION CHECKLIST

Requested by: Dale Kirkpatrick	Inspection location: <input type="radio"/> Same as requested or:
Address: 7645 Settlers Way Ottawa, ON	Address:
Email:	Email: Lucas@rchi.ca
Phone No.:	Phone No.: 613-304-9970
Inspector's name: Lucas Russell	WETT No.: 10008
Reason(s) for inspection: real estate sale	
Level of inspection requested: <input checked="" type="radio"/> Level 1 <input type="radio"/> Level 2 <input type="radio"/> Level 3	
Date of request: 05/17/2025	Date of inspection: 05/24/2025

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.



WETT RECOMMENDED INSPECTION CHECKLIST

WOOD STOVE AND FLUE PIPE

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

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

Make: Regency **Model:** Medium Freestanding **Serial #:** 313086

Installation manual available: ☒ Yes ☐ No **Flue Collar Size:** 6 inch

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

Mobile home approved: ☐ N/A ☒ Yes ☐ No ☐ UTI

Installed by: _____ **Date:** 1992 ☐ Unknown: _____

Installed in: ☒ Residence ☐ Mobile Home ☐ Combustible Alcove
☐ Garage ☐ Other: _____

Appliance location: ☐ Basement ☒ Main Floor ☐ Other (specify): _____

Connected to: ☐ Masonry chimney ☐ Masonry chimney with stainless steel liner
☒ Factory-built chimney ☐ Other (specify): _____

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.

CLEARANCES	REQUIRED	ACTUAL(S)	CODE COMPLIANCE
1. Combustible side wall			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
2. Combustible rear wall			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
3. Combustible corner	9.5"	9.5"	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
4. Top / ceiling			<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
5. Shielding rear			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI
6. Shielding right side			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTI

Wood Stove and Flue Pipe - page 2

7. Shielding left side			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
8. Shielding corner			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
9. Ember pad / material			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
10. Ember pad / front			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
11. Ember pad / rear			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
12. Ember pad / right side			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
13. Ember pad / left side			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
14. Ember pad / corner			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
15. Radiant heat protection / material			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
16.			
17.			
Flue Pipe Type: <input checked="" type="radio"/> Single-wall <input type="radio"/> Double-wall <input type="radio"/> ULC S641 Diameter: <u>6 inch</u>			
18. Clearances			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
19. Total length			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
20. Elbows			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
21. Fastening			<input type="radio"/> N/A <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> UTI
22. Allowance for expansion			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
23. Flue pipe orientation			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
24. Flue pipe slope			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
25. Material			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
26. Pipe shielding			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
27. Support			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
28.			
29.			
30.			
31. Connection to masonry chimney			<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI
32. Connection to factory-built chimney			<input type="radio"/> N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UTI

OTHER CONSIDERATIONS	COMMENTS
33. Outdoor air connection	present
34. Carbon monoxide alarm	present
35. Smoke alarm	present

Additional information:

Date: 05/24/2025

File Reference #: _____

File reference No.: _____

Photos taken: ☒ Yes ☐ No

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

Comments and Observations:

All non-compliance ratings should be considered for comment.

WOOD STOVE AND FLUE PIPE

21. Each flue pipe connection requires a minimum of 3 screws per connection. Actual installation has 2 screws installed at flue pipe connection. *****Telescopic section must have no screws installed for expansion.

Corrective Action Required

*****The flue pipe has a thick layer of creosote build up inside. Cleaning is needed
Cleaning Required

Please attach additional page(s) for this section.

<i>Customer Signature:</i>	<i>Inspector Signature:</i>  <i>Digital Signature:</i>
<i>Date:</i> 1992	<i>Date:</i> 05/24/2025



WETT RECOMMENDED INSPECTION CHECKLIST

FACTORY-BUILT CHIMNEY

Chimney Type: ☐ ULC S604 (Factory-built Type A) ☐ ULC S610 (Factory-built Fireplace Chimney)

☒ ULC S629 (650°C) ☐ Uncertified ☐ Unknown

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

Make: Selkirk **Model:** SC-1

Installation manual available: ☒ Yes ☐ No

Installed by: _____ **Date:** 1992 ☐ Unknown **Approx. Age:** 33 yrs

Installed in: ☒ Residence ☐ Mobile Home ☐ Garage

☐ Other: _____

Total height: 30 ft **Flue Size:** 6 inch ☒ Inside Installation ☐ Outside Installation

Connected to: Regency **Make:** Medium **Model:** Freestanding **Serial #:** 313086

Connected to: _____ **Make:** _____ **Model:** _____ **Serial #:** _____

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	CODE COMPLIANCE			
1. Horizontal extension beyond inside wall surface	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
2. Wall radiation shield	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
3. Clean-out tee and cap	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
4. Wall supports	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
5. Ceiling support	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
6. Support spacing	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
7. Chimney offsets	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
8. Offset support	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
9. Firestopping	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI

Factory-built Chimney - page 2

COMPONENT	CODE COMPLIANCE			
10. Attic radiation shield	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
11. Other radiation shield(s)	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
12. Enclosed through living space	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
13. Roof flashing/storm collar	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
14. Roof braces	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
15. Rain cap	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
16.	<input type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
17. Height above roof surface	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
18. Chimney clearance to combustibles	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
19.	<input type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
20.	<input type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
OTHER CONSIDERATIONS				
21. Areas of chimney enclosed or hidden	<input checked="" type="radio"/> N/A	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> UTI
22.				
23.				

Additional information:

Date: 05/24/2025

File Reference #: _____

File reference No.: _____

Photos taken: ☒ Yes ☐ No

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

Comments and Observations:

All non-compliance ratings should be considered for comment.

FACTORY BUILT CHIMNEY

****Thick layer of creosote build up is suspected inside chimney.
Cleaning Required

Please attach additional page(s) for this section.

Customer Signature:

Inspector Signature:

Digital Signature:

Date: 1992

Date: 05/24/2025