

Pre-Chimney Inspection

Chimney Sweep Report

1 Information			
Company name			Date of service (mm/dd/yyyy)
WETT Certification		Business License	
Address		City	Postal code
Phone	Email		

2 Project Details	
Street address	
Flue type <input type="checkbox"/> Clay <input type="checkbox"/> Concrete <input type="checkbox"/> Pumice <input type="checkbox"/> Other	Flue size

	Status	Notes
Condition of chimney cap	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Condition of flue(s)	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Condition of masonry	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Height of chimney above roof	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Flues are free of obstructions	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Condition of smoke chamber	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Condition of dampers	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Smoke chamber is free of obstructions	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Condition of thimble and penetration into flue	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not applicable	
Additional comments		

The chimney is acceptable for the installation of the solid fuel appliance.

Chimney Sweep signature _____ Print name _____ Date (mm/dd/yyyy) _____

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 fo@tol.ca 604-532-7396

