



# VENT-FREE HEATING APPLIANCES INSPECTION WORKSHEET



NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ TIME OF INSPECTION: \_\_\_\_\_

INSPECTION PERFORMED BY: \_\_\_\_\_

HOMEOWNERS SIGNATURE: \_\_\_\_\_

- TYPE OF APPLIANCE:**  FREESTANDING NATURAL GAS  WALL MOUNTED NATURAL GAS
- FREESTANDING LPG  WALL MOUNTED LPG
- FIREPLACE INSERT NATURAL GAS  FIREPLACE INSERT LPG
- LOG SET NATURAL GAS  LOG SET LPG
- OTHER \_\_\_\_\_

**MANUFACTURER:** \_\_\_\_\_

CLEARANCES:  COMPLIANT  NON-COMPLIANT (See Comments)

WALL PROTECTION:  REQUIRED  NOT REQUIRED

APPROVED APPLIANCE (UL #): \_\_\_\_\_ MODEL NAME: \_\_\_\_\_

MODEL #: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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CERTIFICATE OF COMPLIANCE ISSUED: **YES NO**

REINSPECTION REQUIRED: **YES NO** REINSPECTION DATE: \_\_\_\_\_