

Stove Workup and Verification Form								No.																								
Customer								Date / /																								
Address								Technician																								
City, State, Zip								Time In																								
Contact #'s								Time Out																								
Brand		Model		Serial		Mnfg. Date /																										
Freestanding		Masonry Insert		Zero Clearance		Masonry Adapted		Install Date /																								
FLOOR PROTECTION - <input type="checkbox"/> PASS <input type="checkbox"/> FAIL								by																								
Masonry		Stove Board		Mfng. Supplied		Metal		Other		New / Used																						
REQ. / ACTUAL - CLEARANCES TO COMBUSTIBLES - <input type="checkbox"/> PASS <input type="checkbox"/> FAIL								Venting - <input type="checkbox"/> PASS <input type="checkbox"/> FAIL																								
FLOOR				SIDEWALL				Liner Type "L" Class "A"																								
LEFT /		RIGHT /		LEFT /		RIGHT /		Diameter	3" 4"																							
FRONT /		REAR /		FRONT /		REAR /		Adapter	YES NO																							
ALCOVE		INSERT						Horizontal																								
SIDE /		RIGHT /		LEFT /		FRONT /		Vertical																								
TOP /		MANTLE /		Zero Clearance Approved		YES NO		90 Elbows or T																								
Status/ History								45 Elbows																								
								Total EVL																								
								DRAFT	Low	"WC																						
High	"WC																															
COMB	CONV	AG1	AG2	IGN	LLMT	HLMT1	HLMT2	FSW1	VAC/PRS	TC/ESP																						
Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω																						
L v	L v	Seal Gaskets																														
H v	H v	Door	Ash Pan	Glass	Burn Pot	Comb	Conv	Aug Bush	Hopper	Burn Pot																						
Lid SWCH	IGN SWCH	ERROR CODES																														
Ω	Ω	Start Up	POF	FAN	SHUTD																											
<div><input type="checkbox"/> PASSED <input type="checkbox"/> FAILED Customer signature:_____</div> <p>Your pellet burning applaince has been professionally serviced and cleaned. Recommendations for future part replacements have been noted below, if any. As licensed professionals, it is our obligation to make sure this installation conforms to all local/ State building codes and UL requirements tested by the manufacturer. A "PASSED" designation means that all your installtion is correct and the appliance can be used safely. If you received a "FAILED" designation above, your appliance should not be used until the changes have been made for compliance.</p> <div>Technician_____</div> <div>Remarks:</div> <div><div><div><input type="checkbox"/> Estimate <input type="checkbox"/> Amount Due</div><table><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td>Fuel Surcharge</td><td>\$</td></tr><tr><td>Zone Service Call</td><td>\$</td></tr><tr><td>Total</td><td>\$</td></tr></table></div></div>												\$		\$		\$		\$		\$		\$		\$		\$	Fuel Surcharge	\$	Zone Service Call	\$	Total	\$
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