



Diagnostic Guide for WOOD APPLIANCES-m

To be filled out by Distributor/Dealer. Answer all the questions below, have requested pictures and all previous service history before contacting the Service department.

Model _____ Claim # _____ Installation date _____

Serial Number _____ Date code _____

Dealer name _____ Acct. Number _____

Installer name _____ Phone _____

Address _____

Homeowner name _____ Phone _____

Homeowner address _____

Age of home? _____ yrs. How many floors? _____

Is there a basement? _____ Is the attic ventilated? _____

Where is the home situated? Lake? _____ Mountains? _____ Valley? _____ Trees? _____

How far away are adjacent trees or other structures? _____ How tall are they? _____

Are there any exhaust fans in use while the appliance is burning? _____
 (Exhaust fans such as clothes dryer, kitchen range hood, or downdraft kitchen range)

Are there recessed lights in the home? _____ How many? _____ Are they sealed? _____

Heating and cooling system installed where? Basement _____ Attic _____ Other _____

Are there any other wood appliances in the home? _____ Do they function properly? _____

Is there duct work located in the attic? _____

Are there other fireplaces in the home? _____ How many? _____ Model(s)? _____

(Please provide pictures of this fireplace as well)

Where is the appliance installed?
 Basement _____ 1st floor _____ 2nd floor _____ Other _____
 Outside Wall? _____ Center of room? _____ New addition? _____

What is the ceiling height of the room the appliance is in? _____

Type(s) of ceilings? Flat? _____ Vaulted? _____ Cathedral? _____ Other? _____

Is there an open stairway nearby? _____

Are there living spaces or windows located higher than the termination cap? _____

Installation approved by: _____

Who determined which make and model of fireplace installed? _____

Check which brand of appliance that this form is in reference to.

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heatilator
 The first name in fireplaces

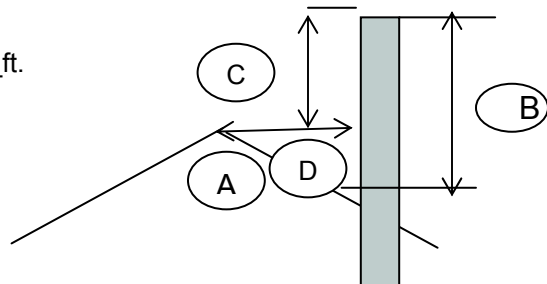
 Phone 877-943-2848
 Fax 800-248-2038

HEAT-N-GLO
 No one builds a better fire

 Phone 877-228-5012
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Use the diagram to provide the following measurements.

- (A) Roof pitch is _____/12
- (B) Height of chimney above roof (not including cap) _____ ft.
- (C) Height of chimney above peak _____ ft.
- (D) Horizontal distance from chimney to peak _____ ft.
- Overall height of appliance and chimney system _____ ft.



Is the chimney straight or is there an offset? _____ Which termination cap? _____ Is there a shroud? _____

Is an outside air kit installed? _____ If yes, is it open during the firing of the appliance? _____

Where is the outside air inlet located? _____

Does the smoking problem change when the outside air vent is opened or closed? _____

Exactly where do you see smoke coming from the appliance? (Be specific) _____

Smoking occurred: First time used? _____ After several fires? _____ Much later? _____

Smokes when: First Lit? _____ Dying out? _____ Windy? _____ Calm? _____ At all times? _____

Smoking is: Continuous? _____ Intermittent? _____ Other (explain)? _____

Flue Damper position? Fully open? _____ Partially open? _____

Does air rush down the chimney when the flue damper is open? _____

Are glass doors installed? _____ Brand/Model? _____

Does smoking occur with glass doors: Open? _____ Closed? _____ Both? _____

How often do you use the fireplace? _____ How long do you burn it? _____

Is there a gas log lighter in the fireplace? _____

How do you start your fire? _____

What type of wood do you burn? _____

Where are the air return grills located in relation to the fireplace? _____

Do you operate the furnace when the fireplace is in operation? _____

How does the fireplace operate when the furnace is running? Better? _____ Worse? _____ NO effect? _____

Do you have a stairway or scuttle hole access to the attic? _____

Is it weather-stripped? _____

Open a door or window, at least 4", on the windward side of the home, on a lower level (if none, open same level).

Leave open during operation. Go start a good hot fire .

Describe the effect on the fireplace: _____

IMPORTANT

Please include with this checklist photographs or a videotape of the following:

The outside of the home; the surrounding area, the roofline, and different angles of the termination cap.

The inside of the home (rooms coming into the room with the fireplace); the room the fireplace is in, the fireplace from ceiling to floor, the interior of the fireplace.

If videotaping, please narrate: where you are, what you are looking at, also, if possible, film the fireplace burning.

Please send a copy of all previous work performed on the fireplace including the name of the person or company who performed the work.

We appreciate the above information so we can better serve you. Failure to supply ALL requested information may result in delayed resolution of the issue.