



# Appliance and Vent System Installation Checklist



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**To be completed & submitted by the OBM responsible for controlled installation before final inspection**

**NOTE: A separate checklist is required for a tank and/or supply line installation**

Permit #: _____	Date Issued: _____	Inspection Request Date: _____
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**Installation Location:** \_\_\_\_\_ Municipal or Legal Address

Owner Information:	Installer Information:
Owner's Name: _____	Installer's Name: _____
Address: <input type="checkbox"/> Same as above _____	Company Name: _____
_____	Location: _____
_____	Contact #s: _____
Contact #s: <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	E- mail: _____

<b>Equipment Information</b>	<b>Type:</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Water Heater <input type="checkbox"/> Combo System <input type="checkbox"/> Space Heater <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Appliance installation includes new venting system <input type="checkbox"/> New Burner Only <input type="checkbox"/> New Venting System Only <input type="checkbox"/> Co-vented with wood appliance Number of appliances: _____ <input type="checkbox"/> Installation is a conversion from another energy source: _____ <small>Attach copies of this form for each appliance</small> <span style="float: right;"><small>Other energy</small></span>
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<b>Appliance Rating Plate Information:</b>	
<input type="checkbox"/> Labelled by _____ (designated testing agency) stating it is approved for _____ (purpose)	
<b>Manufacturer:</b> _____	<b>Model:</b> _____
<b>Maximum Input Rating:</b> _____ <input type="checkbox"/> Btu/h <input type="checkbox"/> GPH	<b>Serial #:</b> _____
<b>Input Rate as Installed:</b> _____ <input type="checkbox"/> Btu/h <input type="checkbox"/> GPH with _____ @ _____ psi <small style="text-align: center;">Nozzle manufacturer / flow rate / angle</small>	

<b>Burner Information:</b>	<input type="checkbox"/> Burner is approved for use with this appliance
<b>Manufacturer:</b> _____	<b>Model:</b> _____

<b>Venting System Information:</b> <input type="checkbox"/> New or <input type="checkbox"/> Existing venting system <input type="checkbox"/> Labelled by _____ (Testing Agency)	
<b>Vent Type(s):</b>	<input type="checkbox"/> L-Vent <input type="checkbox"/> A-vent Class _____ <input type="checkbox"/> Tile-lined chimney <input type="checkbox"/> Chimney liner
<input type="checkbox"/> Plastic (identify type: _____) <input type="checkbox"/> Power venter <input type="checkbox"/> Other (specify): _____	
<b>Manufacturer:</b> _____	<b>Size(s):</b> _____ <b>Height:</b> _____ <b>Lateral:</b> _____
<b>Vent Connector Type:</b> <input type="checkbox"/> C-vent GSG# _____ <input type="checkbox"/> Stove Pipe Gauge# _____ <input type="checkbox"/> L-Vent <input type="checkbox"/> Other: _____	
<b>Installation Information:</b> <input type="checkbox"/> Single appliance venting <input type="checkbox"/> Common vented with (specify): _____	

<b>Air Supply System Information:</b>	<input type="checkbox"/> Combustion <input type="checkbox"/> Ventilation <input type="checkbox"/> Flue Gas Dilution
<b>Type:</b>	<input type="checkbox"/> Direct vent <input type="checkbox"/> Taken from inside building <input type="checkbox"/> Taken from outside building (state duct size): _____

**Undersigned installer confirms that the above information is accurate and that the equipment is:**

Certified for its intended use (as per Clause 4.2 B139.2-15)  Suitable for the installation (as per 4.5.1, B139.2-15)

Installed as per the manufacturer's instructions and the B139.2-15 Code (see 4.2.1 & 4.5.1)

Printed name	Signature	OBM #
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**See over for addition checklist items**

**The following checklist shall be completed and submitted by the installer before requesting final inspection**

**NOTE: A separate checklist is required for a tank and/or supply line installation.**

1. Has the installation been activated and tested in accordance with Sub-section 4.3 and Section 11 of the B139.2-15 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the user been instructed in the safe and correct operation of the appliance or accessory in accordance with 4.3.2 of the B139.2-15 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the manufacturer's instructions conspicuously posted at the site as per 4.3.3 of the B139.2-15 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If the installation constitutes a conversion from another source of energy, has the work been completed in compliance with clause 4.3.4 of the B139.2-15 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Have all the operating, combustion safety controls, and other safety and limit controls been tested as per Section 11 of the B139.2-15 Code and proven to be in satisfactory condition and operating properly at the correct timing, temperature, and/or pressure, as applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has a flue gas analysis been conducted by a qualified person and are the results in compliance with the manufacturer's instructions and the B139-15 Code?</p> <p>Record the results below and ensure that they are also posted on the appliance.</p> <p>■ Flame characteristics: _____</p> <p>■ Overfire draft _____" wc   ■ Breech draft _____" wc   ■ Smoke reading _____</p> <p>■ CO<sub>2</sub> _____%   ■ O<sub>2</sub> _____%   ■ CO air free _____ppm</p> <p>■ Base Chimney Temp _____°   ■ Net Stack Temp _____°   ■ Efficiency _____%</p> <p>Date test conducted: _____ by _____(technician's name)</p> <p>Analyzer used: _____(Make/Model) Last calibration date: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
7. Do the appliance clearances from combustibles comply with the manufacturer's instructions and the B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do the venting system clearances from combustibles comply with the manufacturer's instructions and the B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. For masonry chimneys, is the chimney properly lined and fitted with proper flashing, cap, and clean-out or base tee as per the manufacturer's instructions and B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. For factory-built vent systems, is the vent properly installed and fitted with proper flashing, cap, and base tee as per the manufacturer's instructions and the B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. For sidewall vent systems, is the system installed according to the B139 Code and the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. If required, is the barometric damper properly installed as per the manufacturer's instructions and the B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Are properly sized and located combustion and ventilation air openings installed as per the manufacturer's instructions and the B139 Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Are properly sized & located make-up air openings installed as per the Building Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Are carbon monoxide and smoke alarms installed as per NBC and Fire Prevention Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is an emergency disconnect switch installed as per the Electrical Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (print), signature, and OBM certificate number of person attesting that this checklist is accurate:	
Printed name _____ Signature _____ OBM # _____	Date: _____