



Gorham Fire and EMS
Town of Gorham New Hampshire
 347 Main Street Gorham NH 03581 603-466-2549



Wood Burning Stove Inspection Form

Owners Name:			Date:		
Owners Address:					
Location in home:					
Main Source of Heat:		Yes No	Supplemental Heat Source only:		Yes No

Installed by:		Homeowner	Contractor	Other(specify)
Contractor Name:			Install Date:	
Reason for inspection:				

Safety Inspection

Safety Inspection Item	Pass	Fail	N/A	Comments
Stove Pipe				
1. Stove pipe connections tight and overlapped.				
2. Damper is provided in stovepipe.				
3. Stove pipe has 2 or less 90-degree bends.				
4. Horizontal stove pipe sections raise at ¼" per linear foot.				
5. Stove pipe horizontal sections have 18" clearance to ceiling.				
Masonry Chimney				
6. Bricks in good condition with mortar.				
7. Liner is in good condition with minimal creosote buildup.				
8. Single unit connected to flu.				
Prefabricated (Factory Built)				
9. Chimney is UL listed and installed according to manufacturer recommendations.				
10. If passing through combustible material, a properly installed thimble is present.				
11. Single unit connected to flu.				

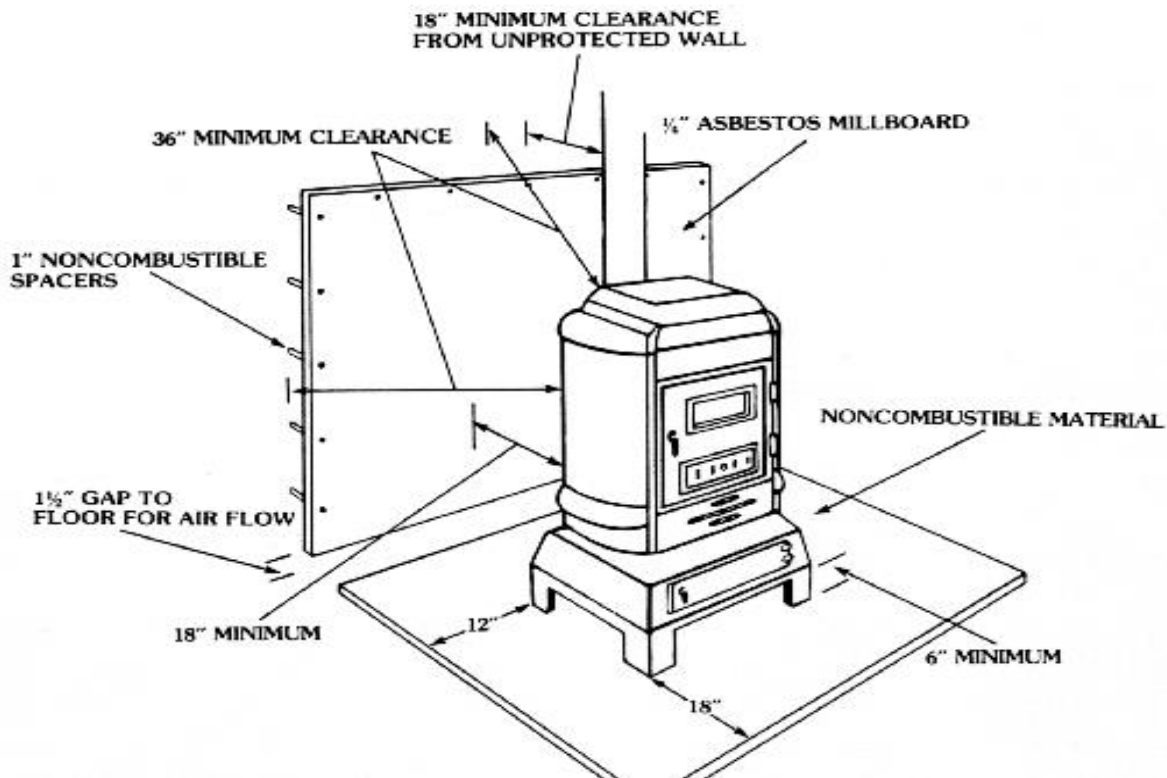


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Safety Inspection Continued

Safety Inspection Item	Pass	Fail	N/A	Comments
Clearances				
12. Noncombustible material minimum 18" from side with opening door.				
13. Noncombustible material minimum 12" from sides of unit.				
14. Minimum 18" from wall when noncombustible and air gapped.				
15. Minimum 36" from wall if combustible.				
16. Stove pipe minimum 18" from unprotected wall.				





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This wood stove meets Fire Department requirements for safe operation on _____

Signed: _____ Printed name: _____
Fire Inspector Fire Inspector Date

This wood stove does not meet the Fire Department requirements for safe operation on _____

Signed: _____ Printed name: _____
Fire Inspector Fire Inspector Date

The following items must be corrected: _____

This wood stove was re-inspected on _____ and now meets the requirements for safe operation.

Signed: _____ Printed name: _____
Fire Inspector Fire Inspector Date