



# Oil-Fired Appliance and Tank Inspection Form

2121 – 2<sup>nd</sup> Ave.  
 Whitehorse, YT Y1A 1C2  
 Land & Building Services  
 Ph: 668-8340 Fax: 668-8395  
 adminbuilding@whitehorse.ca

To be completed & submitted for scheduling of final inspection

Permit #: _____
-----------------

OBM Information:	Location Information:
Installer's Name: _____ OBM# _____ Company Name: _____ Address: _____ Contact: _____ Phone: _____ Email: _____	Owner's Name: _____ Physical Address _____ _____ City: _____ Postal Code: _____ Contact #: _____ Legal Address: Lot: _____ Block: _____ Plan: _____

I, the holder of the certification to install oil-fired devices and there ancillary components, declare the oil-fired installation authorized by permit has been installed to comply with the Governing Statutes and/or Regulations applicable to the items noted below and is ready for final inspection.

<b>Appliance</b>	<b>Type:</b> <input type="checkbox"/> Forced air furnace <b>85% efficient</b> <input type="checkbox"/> Boiler <b>85% efficient</b> <input type="checkbox"/> Unit heater <b>80% efficient</b> <input type="checkbox"/> Space heater <input type="checkbox"/> Storage type water heater <b>78% efficient</b> <input type="checkbox"/> Other (specify) _____ <b>Location:</b> <input type="checkbox"/> Basement: <input type="checkbox"/> 1 <sup>st</sup> Floor: <input type="checkbox"/> 2 <sup>nd</sup> Floor: <input type="checkbox"/> 3 <sup>rd</sup> Floor: <input type="checkbox"/> Garage: <b>Manufacturer:</b> _____ <b>Model:</b> _____ <b>Serial #:</b> _____ <b>Maximum input rating:</b> _____ Btu/h GPH _____ <b>Input rate as installed:</b> _____ Btu/h <b>Smoke and CO alarms installed in correct locations.</b> <input type="checkbox"/>	<b>Declared</b>  <input type="checkbox"/> <hr style="width: 50%; margin: 0 auto;"/> Initials
------------------	---	--

<b>Tank</b>	<b>Type:</b> <input type="checkbox"/> Steel Single-wall <input type="checkbox"/> Steel Double-wall <input type="checkbox"/> Steel Double bottom <input type="checkbox"/> FRP Single-wall <input type="checkbox"/> FRP Double-wall <input type="checkbox"/> Plastic/Steel Double-wall <input type="checkbox"/> Auxiliary tank <input type="checkbox"/> Other (specify): _____ <b>Location of Tank:</b> <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors; <b>Number of Tanks:</b> _____ ; <b>Tank Connection:</b> <input type="checkbox"/> Multiple end/bottom-connected <input type="checkbox"/> Pressure-filled multiple top-connected <b>Manufacturer:</b> _____ <b>Serial #:</b> _____ <b>Mfg. Date:</b> _____ <b>Size:</b> _____ L	<b>Declared</b>  <input type="checkbox"/> <hr style="width: 50%; margin: 0 auto;"/> Initials
-------------	---	--

<b>Venting System</b>	<b>Vent type:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> L-Vent <input type="checkbox"/> ULC-S629 <input type="checkbox"/> ULC-S604 <input type="checkbox"/> ULC-S609 <input type="checkbox"/> liner <input type="checkbox"/> Plastic <input type="checkbox"/> Other (specify) _____ <b>Size:</b> _____ <b>Vent connector type:</b> _____ <b>Combustion air installed:</b> <input type="checkbox"/> <b>Ventilation air installed:</b> <input type="checkbox"/> <b>Smoke and CO alarms installed in correct locations.</b> <input type="checkbox"/>	<b>Declared</b>  <input type="checkbox"/> <hr style="width: 50%; margin: 0 auto;"/> Initials
-----------------------	---	--

<b>Supply System</b>	<b>Type of piping:</b> <input type="checkbox"/> Copper Tubing <input type="checkbox"/> Wrought <input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Brass <input type="checkbox"/> Other _____ <b>Size of piping:</b> <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other: _____ <b>Configuration:</b> <input type="checkbox"/> Top feed <input type="checkbox"/> Bottom Feed <input type="checkbox"/> Other (specify): _____ <b>Smoke and CO alarms installed in correct locations</b> <input type="checkbox"/>	<b>Declared</b>  <input type="checkbox"/> <hr style="width: 50%; margin: 0 auto;"/> Initials
----------------------	--	--

<b>Installer's Declaration</b>	<b>The Undersigned installer confirms that the above information is accurate and the components are:</b> <input type="checkbox"/> Certified for its intended use, suitable for the installation, installed as per the Governing Statutes and/or Regulations and manufacturers instructions. <input type="checkbox"/> Copies of all installation manuals have been left on site and available. <input type="checkbox"/> All components of an installation that cannot be visually inspected must be assured by photographic evidence.		
	_____ Print Name	_____ Signature	_____/_____/_____ OBM# / Date