



OIL-FIRED APPLIANCE & TANK INSPECTION FORM

TO BE COMPLETED & SUBMITTED FOR SCHEDULING OF FINAL INSPECTION

2121 – 2ND AVE. WHITEHORSE, YT Y1A 1C2
 LAND & BUILDING SERVICES
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Permit Number: _____

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

I, the holder of the certification to install oil-fired devices and their 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.

APPLIANCE	Type: <input type="checkbox"/> Forced air furnace 85% efficient <input type="checkbox"/> Boiler 85% efficient <input type="checkbox"/> Unit heater 80% efficient <input type="checkbox"/> Space heater <input type="checkbox"/> Storage type water heater 78% efficient <input type="checkbox"/> Other (specify) _____ Manufacturer: _____ Model: _____ Serial #: _____ Maximum input rating: _____ BTU/h GPH _____ Input rate as installed: _____ BTU/h Smoke & CO alarms installed in correct locations <input type="checkbox"/>	DECLARED <input type="checkbox"/> _____ Initials
TANK	Type: <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) _____ Location of tank: <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor Number of tanks: _____ Tank connection: <input type="checkbox"/> Multiple end/bottom-connected <input type="checkbox"/> Pressure-filled multiple top-connected Manufacturer: _____ Serial #: _____ Mfg. Date: _____ Size: _____ L	DECLARED <input type="checkbox"/> _____ Initials
VENTING SYSTEM	Vent type: <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) _____ Size: _____ Vent connector type: _____ Combustion air installed: <input type="checkbox"/> Ventilation air installed: <input type="checkbox"/> Smoke & CO alarms installed in correct locations <input type="checkbox"/>	DECLARED <input type="checkbox"/> _____ Initials
SUPPLY SYSTEM	Type of piping: <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 (specify) _____ Size of piping: <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other: _____ Configuration: <input type="checkbox"/> Top feed <input type="checkbox"/> Bottom feed <input type="checkbox"/> Other (specify): _____ Smoke & CO alarms installed in correct locations <input type="checkbox"/>	DECLARED <input type="checkbox"/> _____ Initials
INSTALLER'S DECLARATION	The undersigned installer confirms that the above information is accurate and the components are: <input type="checkbox"/> Certified for its intended use, suitable for the installation, installed as per the Governing Statutes and/or Regulations and manufacturer 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	