

CHIMNEY PROBLEM QUESTIONNAIRE

SUPPORT AND PROBLEM SOLVING

Free technical evaluation



ICP will help you diagnose and recommend solutions for your customers' chimney problems. Have your customer answer the questions completely and accurately, then mail or fax the completed form to ICP.

Step 1: Describe the problem

- Smoking/downdraft Minor Excessive
Only with wind Yes No
Both with & without wind Yes No
Only during startup Yes No
Creosote Yes No
Other problems _____

Step 2: Describe the heat source

Note: Complete a separate questionnaire for each heating appliance.

- Fireplace Fireplace insert Furnace Stove
Manufacturer _____ Model# _____
Fireplace front opening size:
Inches high: _____ Inches wide: _____
Appliance smoke outlet size:
Inches diameter: ____ or ____ " wide by ____ " high
Source of combustion air:
 Indoor air Outdoor air
Fuel:
 Gas Oil Wood Coal Pellets
Location of heating appliance:
 Basement 1st floor 2nd floor
 3rd floor Other _____

Step 3: Describe the chimney

- Chimney opening:
 Round Square Rectangular
Inside dimensions of opening:
If round, _____ inches diameter
If square or rectangular, ____ " wide by ____ " long
Chimney height:
_____ feet above appliance
_____ feet above height of roof
_____ feet above highest roof
Chimney on one-story addition to multistory building: Yes No
Masonry chimney liner:
 Unlined Tile liner Metal lined
Metal chimney:
 Single wall Double wall Triple wall
 Insulated Solid pack Air cooled

Step 4: Provide other chimney data

- Is there a cleanout door? Yes No
Is there a chimney cap? Yes No
What type of cap? _____
More than one heater connected to the flue?
 Yes No If yes, how many? _____
Any unused openings in chimney? Yes No
Is there a damper? Yes No
How often is chimney cleaned? _____
Ever had a chimney fire? Yes No
Is there a barometric damper? Yes No

Step 5: Provide building information

- Single family Multi-family Apartment
 Condominium Other _____
Height (# of floors): One Two Three Other ____
Nearby obstructions:
 Tall trees Taller buildings Hills
If hills, are you: at top at bottom on side
Insulation:
 Roof Walls Floors Storm windows
Ventilation:
 Kitchen fan Attic fan Roof vent Dryer
 Bathroom fan Radon mitigation
Central heating system:
 Steam Electric Baseboard hot water
 Hot air Hot air appliance: _____ feet from
nearest return air duct

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (daytime) _____
Best time to call: _____ (EST or EDT)



Solutions for chimney problems.

Mailing address:
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