SUPPORT AND **PROBLEM SOLVING**



Free technical evaluation

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



© 2015 Improved Consumer Products, Inc.

CHIMNEY PROBLEM QUESTIONNAIRE

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

Step 4: Provide other chimney data

Is there a cleanout doo] Yes	
Is there a chimney cap	? L	Yes	∐No
What type of cap?			
More than one heater	connecte	ed to th	ne flue?
□ Yes □ No If y	es, how r	many?	
Any unused openings	n chimne	ey? □	Yes 🗌 No
Is there a damper?	🗆 Yes	🗌 No	
How often is chimney	cleaned?	?	
Ever had a chimney fir	re? □	Yes 🗆] No
Is there a barometric o	lamper?	□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:			
\Box Roof \Box Walls \Box Floors \Box Storm windows			
Ventilation:			
\Box Kitchen fan \Box Attic fan \Box Roof vent \Box Dryer			
\Box Bathroom fan \Box 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: (davtime)			

Mailing address:

Best time to call: _____(EST or EDT)



Improved Consumer Products, Inc. PO Box B Attleboro Falls, MA 02763 (508) 695-7000 (phone) (508) 695-4209 (fax) technical@chimneycaps.com

Solutions for chimney problems.

D 7