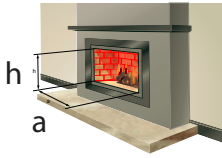
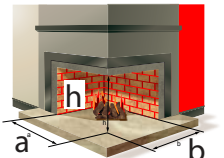
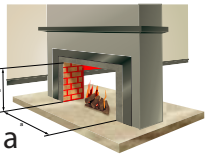
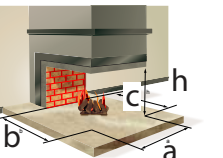
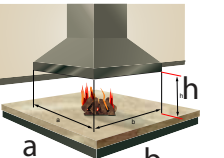

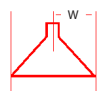


Appraisal Form

Fireplaces, Stoves and Cookers

<p>1a Originator: _____ Company: _____ Job reference: _____</p>	<p>Telephone Mobile/Home: _____ Telephone Work: _____ Fax Number: _____</p>
<p>1b Type of property (tick): Private dwelling <input type="checkbox"/> Public House/Hotel/Restaurant <input type="checkbox"/></p>	
<p>2. Fuel used (tick): Wood <input type="checkbox"/> Smokeless or Coal <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Other _____</p>	
<p>3a If an open fireplace, please tick your type of fireplace</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p><input type="checkbox"/> ONE SIDED</p> </div> <div style="text-align: center;">  <p><input type="checkbox"/> TWO SIDED</p> </div> <div style="text-align: center;">  <p><input type="checkbox"/> OPENING INTO 2 ROOMS</p> </div> <div style="text-align: center;">  <p><input type="checkbox"/> INGLENOOK HOOD (3 SIDED)</p> </div> <div style="text-align: center;">  <p><input type="checkbox"/> CENTRE FIREPLACE</p> </div> </div>	
<p>3b Measurements</p> <p>Width of opening (a) _____ mm (____ inch) Height from hearth to top of opening or to Hood (h) _____ mm (____ inch) Depth from front of opening (b) _____ mm (____ inch) Depth from front of opening (c) _____ mm (____ inch) Height of gather/hood from top of opening to throat of chimney _____ mm (____ inch)</p>	
<p>3c. If gas, please state maximum gas input: _____ kW or _____ Btu</p>	<p>8a Chimney height: _____ m or _____ ft Internal size _____ mm or _____ inch No. of bends in chimney _____ (45°) _____ (90°)</p> <p>8b Chimney shape: round <input type="checkbox"/> rectangular <input type="checkbox"/></p> <p>8c Flue material: brick <input type="checkbox"/> metal (twin-wall) <input type="checkbox"/> flexible liner <input type="checkbox"/> stone <input type="checkbox"/> metal (single wall) <input type="checkbox"/> clay <input type="checkbox"/> other _____</p> <p>8d Insulation: thickness _____ mm, _____ m²K/W</p>
<p>4. If a closed appliance (tick) (& fill out measurements in 3b) Stove <input type="checkbox"/> Cooker <input type="checkbox"/> Max heat input: _____ kW or _____ Btu</p>	<p>9a Is the chimney more than 40 cm higher than the ridge of the roof: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>9b Is the angle of the roof: <input type="checkbox"/> <25° <input type="checkbox"/> 25°-40° <input type="checkbox"/> >40°</p> <p>9c. Is the chimney closer than 20 km (12.5 mi) to the coast: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>9d Is the chimney close to adjacent obstructions: YES <input type="checkbox"/> NO <input type="checkbox"/> Adjacent obstructions are buildings, tall trees or mountains within a 15 m range, extending at a 30°+ horizontal angle and a 10°+ vertical angle from top of chimney.</p>
<p>5.  For a fireplace having a lintel, state the Depth (D) of the lintel _____ mm (____ ins) (Maximum (D) 100 mm)</p>	
<p>6.  Is the THROAT in the centre of the gather? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, state shortest W _____ mm (____ inch)</p>	
<p>7. Extract fan system in the room? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Dimensioned sketch of installation with flue run must be included as attachment !</p>	

For Office Use Only _____	Pressure Loss Pa: _____	Accessories: _____
FlueGas Temp. °C _____	Recommended Fan: _____	Calculated by: _____
Air Volume m ³ /h: _____	Controller: _____	Date: _____

Please send filled out form to:
 info@exodraft.co.uk or
 fax: +01494 465 163

