

## Fire Department STR Maintenance Requirement Technician Sign-off

Please be advised that prior to booking your STR inspection with the Fire Department, the following STR Maintenance Requirement Technician Sign-off form is **required** and must be **submitted** with the Fire Safety Plan. Your maintenance technician must complete this form. Please contact the Fire Department if you require clarification or additional information.

In accordance with Ontario Fire Code:

**2.6.1.4. (1)** Every **chimney, flue and flue pipe** shall be **inspected** to identify any dangerous condition:

- a) at intervals not greater than 12 months,
- b) at the time of addition of any **appliance**, and
- c) after any **chimney** fire.

**2.6.1.7.** Heating, ventilating and air-conditioning systems, including **appliances, chimneys and flue pipes**, shall be operated and maintained so as not to create a hazardous condition.

Defined terms from Ontario Fire Code:

**Appliance\*** means a device to convert fuel into energy, and includes all components, controls, wiring and piping required to be part of the device by the applicable standard referred to in this Code. (\* includes: wood burning fireplace, wood burning stove, gas fired hot-water, gas/oil/propane fired furnaces, gas fired combi boilers and any other appliance that creates Carbon Monoxide)

**Chimney\*** means a primarily vertical shaft enclosing at least 1 **flue** for conducting **flue** gases to the outdoors.

**Flue\*** means an enclosed passageway for conveying exhaust gases.

**Flue pipe\*** means the pipe connecting the **flue** collar of an **appliance** to a **chimney**.

List the full address with unit # if applicable.

<b>Address:</b>	
<b>Unit # (If applicable):</b>	

Appliance/Chimney/Flues	Make	Model	Pass/Fail	Technician Initials

<b>Notes:</b>			
<b>Date:</b>			
<b>Contractor or Technicians Name:</b>			
<b>TSSA License #:</b>			
<b>Signature:</b>			
<b>Date:</b>		<b>Time:</b>	

\*\*All listed items had maintenance, inspections, cleaning, adjustments and on the date and time of work performed the items were in a non-hazardous condition and shall be safe to operate in accordance with manufacture recommendations and instructions. \*\*

\*\* All writing shall be legible, or this document will be rejected. Technician shall have a current TSSA license number, or this document will be rejected. Technician can attach additional paperwork if applicable or to provide additional proof of work performed. \*\*