

Chimney Cap Placement Verification Form

Customer Name: _____

Job Name/Address: _____

Chimney Chaisse Material (Check One) Flue Material (Check One)

1 ___ Brick

1 ___ Tile

2 ___ Stone

2 ___ Isokern

3 ___ Stucco

3 ___ Metal*

4 ___ Siding

4 ___ Dummy

*Size of termination cap and flue pipe provided with manufactured fireplace _____.

Chimney Specs:

(Indicate center of pipe location on chimney, if possible.)

The diagram shows a rectangular chimney cross-section. Inside, there are three circles representing flue pipes. Arrows point from the center of each pipe to the left, right, top, and bottom edges of the chimney. Surrounding the chimney are five boxes for orientation labels: 'Diagonal Across' (top-left), 'Back' (top-center), 'Diagonal Across' (top-right), 'Left' (middle-left), 'Right' (middle-right), and 'Front' (bottom-center). Each box has a line for a handwritten note.

Diagonal Across _____

Back _____

Diagonal Across _____

Left _____

Right _____

Front _____

*Any Variations Require Verification