

BUILDING UNIT

Producer Statement Installation for Solid-Liquid Fuel Heating Appliance

For installer to complete:

BC No.: _____

Issued by: (installer) _____

For: (owner) _____

Site address: _____

In respect of the installation of the solid or liquid fuel heating appliance prior to first use.

Heating appliance installation:

Free-standing Inbuilt Wetback Liquid fuel heater Make of flue: _____

Make of heating appliance: _____ Model of heating appliance: _____

Tick as appropriate:

Y N n/a

1. Is the heating appliance and flue as per the building consent
2. Chimney cleaned
3. Fireplace surround/chimney face junction sealed with a heat resistant material
4. The flue pipe is constructed of stainless steel
5. Seismic restraint fitted
6. Flue sections are secured together with stainless steel rivets
7. The flue is secured to the heating appliance
8. The chimney void has been vented at the top
9. Flue and appliance clearances have been achieved in terms of the manufacturers instructions and AS/NZS 2918:2001
10. Flue joints sealed in accordance with manufacturers instructions
11. The flue height meets the minimum specified in the manufacturer's instructions and ECan rules.
12. Smoke detectors (with hush facility) as detailed on the building consent documents are installed.
13. Liquid fuel only:
The appliance has been installed and commissioned in accordance with the manufacturer's installation and operating instructions, a copy of commissioning certificate is attached.
14. The liquid fuel storage tank and feed system has been installed in accordance with AS1691 and the consented documents.
15. Fire safety valve connected and working correctly

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If you have answered 'no' to any items please comment:

Installer's name (please print/type)

I, _____ certify that the above specified installation has been carried out as described and in accordance with the manufacturer's installation instructions and the current Building Code requirements.

Installer's signature: _____ HHA Registration no: _____

Date: _____

PLEASE NOTE – A signature is not required if you submit this form electronically. By entering your name in the box above you are giving your authority for this Producer Statement.

Company name: _____

Company address: _____

Phone: _____ Email: _____

Wetback installation

If a wetback heater is fitted, name the certifying plumber who carried out the supervised work:

Plumber's name: _____ Registration no: _____

Signature: _____ Date: _____

Company name: _____

PLEASE NOTE – A signature is not required if you submit this form electronically. By entering your name in the box above you are giving your authority for this Producer Statement.