Geoflame Specialist Fireplace Co

Chimney & Wall Fan Appraisal Form

EXHAUSTO

1a **Email Address:** _____ **Telephone Mobile/Home:** _____

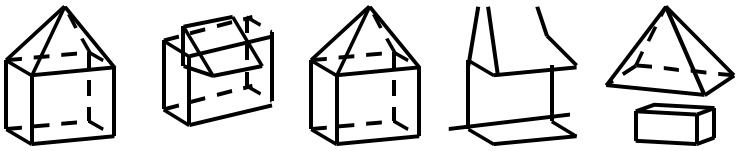
Company: _____ **Telephone Work:** _____

Job reference: _____ **Fax Number:** _____

1b **Type of property (tick):** Private dwelling ☐ Public House/Hotel/Restaurant ☐

2. **Fuel used (tick):** ☐ Wood ☐ Smokeless or Coal ☐ Oil ☐ Natural Gas ☐ LPG

3. **If an open fireplace,** please encircle your type of fireplace →



A one sided | **B** hood inset | **C** two sided | **D** Inglenook | **E** centre fire

If gas, please state maximum gas input:
kW or Btu

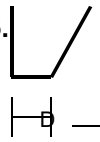
Width of opening _____.mm (_____.ins)
(If type B, D or E, state width of hood only)

Height from hearth to top of opening or to Hood _____.mm (_____.ins)

Height of gather/hood from top of opening to throat of chimney _____.mm (____.ins)
Depth from front of opening _____.mm (____.ins)
(If type B, D or E, state depth of hood only)

4. **If a closed appliance,** please encircle your type of appliance: stove, cooker
Max heat input: _____.kW or _____.Btu

5.

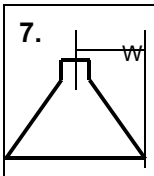


For a fireplace having a lintel, state the Depth (D) of the lintel _____.mm (___.ins)
(**Maximum (D) 100mm**)

6a **Chimney height:** _____.m or _____.ft
Internal size or SQ. _____.mm or _____.ins
No. of bends in chimney _____.(45°)._____.(90°)

6b **Flue material:** brick, clay, stone, flexible liner, metal (twin-wall), metal (single wall), other

7.



Is the **THROAT** in the centre of the gather? **YES** / **NO**

If no, state shortest W ____.mm (____.ins)

8. **Extract fan or ventilation system in the room?** ☐ **YES** ☐ **NO**

9. **Please Sketch the fireplace installation including flue run**

10. For Office Use Only

Flue Gas Temp. °C
Air Volume m³/h:
Pressure Loss Pa:
Recommended Exhausto Fan:
Controller:
Accessories:
Calculated by:
Date:

11. **Premier Dealer**
Geoflame Ltd

Geoflame Ltd. Studio B105 The Chocolate Factory, Clarendon Road, London N22 6XJ.
Tel: 0208 925 – 4099 Fax: 0208 925 – 8860 *e-mail* info@geoflame.co.uk *website* www.geoflame.co.uk.

Please fill out relevant fields clearly.

Fax Back Service

Clients email address _____