



## Fire Department STA Maintenance Requirement Technician Sign-off

**Town of The Blue Mountains**

**Fire Department**

496916 Grey Rd 2, Thornbury, ON N0H 2P0

Fire Department Contact: 519-599-3131 ext. 1005

[fireprevention@thebluemountains.ca](mailto:fireprevention@thebluemountains.ca)

Please be advised that prior to booking your STA inspection with the Fire Department, the following STA 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>	



## Fire Department STA Maintenance Requirement Technician Sign-off

List all items below that were serviced, inspected and or had maintenance performed upon.

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. \*\*