



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

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.

Address:	
Unit # (If applicable):	



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

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

Notes:			
Date:			
Contractor or Technicians Name:			
TSSA License #:			
Signature:			
Date:		Time:	

**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. **