

CHIMNEY SERVICE REPORT

004670

Cornerstone Chimneys

6609 E 104th St.
Tulsa, OK 74133

918.251.3480

info@cornerstonechimneys.com

CUSTOMER:

Name Jane Doe

Address 1234 Sample Street

City Anytown State OK Zip 12345

Phone _____

E-mail _____

Technician John

Directions to home _____

Service date 1/20/24

Time _____

SYSTEM INFORMATION

Fireplaces, Number of..... 1

Construction Masonry Factory-built Modular

Fireplace opening sizes..... 1. _____" x _____" 2. _____" x _____" 3. _____" x _____"

Heating Appliances, Number of:..... _____

Type Insert Freestanding Furnace _____

Fuel..... Wood Coal Gas Oil _____

Chimney

Construction..... Factory-built Masonry Other

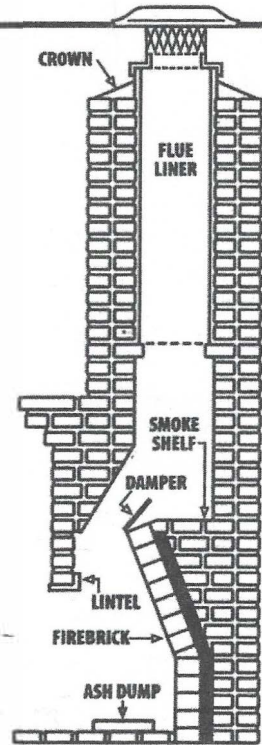
Chimney height _____ feet

Liner..... Flue tile Stainless Cast Unlined

Flue sizes..... 8" x 8" 8" x 13" 13" x 13" 8" x 17" 13" x 17"

6" Round 8" Round _____

Last cleaned..... _____ year(s) ago Never Unknown



COMMENTS

Masonry construction woodburner, lights ok today. Facia-to-firebox needs sealed \$69. Lintel bar needs sealed \$39. Clay tiles have missing joints, needing Heatshield joint repair to restore to a safe use condition \$199. Exterior ash dump door needs sealed \$150. Cracks in wings on chimney exterior need sealed \$39. Top of chimney has cracks in crown, needing Crown Coat application \$150. Chimney flashing is pulling up, refer to roofer. Total estimate \$1246.00

ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for: _____

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hid-den construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore I understand the limitations of this report as given in the paragraph above.

Customer Signature _____ Date 1/20/24

INVOICE / RECEIPT

DESCRIPTION

Service Call / Inspection

PRICE

Subtotal _____

Total _____

Thank you!

Send to Assured Home Insps