

Appraisal Form

Please complete the form below and return to us:-

Tel:- 01494 565361 Fax:- 01494 565386 Email:- sales@fluesystems.com

f o r f l u e b o o s t / d i l u t i o n f a n s

1 Company:.....
Address:
.....
..... Postcode:
Contact Name: Contract Name:.....
Phone Number: Fax Number:

2 Fuel used (tick): Natural Gas Oil LPG

3 What problems have been experienced with the flue to date:.....
.....
.....

4 Boiler input Appliance manufacturer
Boiler output Appliance model
Boiler flue spigot size Appliance voltage
Boiler type (tick): Atmosphere Pressure Jet High Efficiency Combi
Please state if other
Noise criteria required

5 Chimney heightM (.....ft) Adjustable damper in flue (delete as applicable): YES / NO
ID of flue at top.....mm (.....inches) Flue stabiliser (delete as applicable): YES / NO
No. of bends in chimney(45 degrees)(90 degrees) Type of Cowl/ Terminal
Flue wall (tick): Brick Clay Metal Liner Draught diverter (delete as applicable): YES / NO
Single Wall/Twin Walled Flue Pipe

6 Provision for replacement air into boiler room.
Existing: Required:.....

7 Sketch of appliance and its chimney (please indicate known bends & constrictions) and possible position for mounting fan unit.

NOTE:- IT IS RECOMMENDED THAT THE FLUE IS CLEANED PRIOR TO INSTALLATION