

**I. GENERAL INFORMATION** DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Completed by: \_\_\_\_\_

Reported by: \_\_\_\_\_

Factory Rep  Distributor  Dealer  Consumer/Owner  Installer  Other \_\_\_\_\_

Date Problem First Occurred: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Install Date: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Purchased From**

Retailer Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**Installed By**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Distributor Name: \_\_\_\_\_ Contact: \_\_\_\_\_

**II. PRODUCT & INSTALLATION INFORMATION**

Serial No.: \_\_\_\_\_ Type of Gas \_\_\_\_\_

Complete Model # (incl. Valve, M?, etc.): \_\_\_\_\_ If LP, % tank full \_\_\_\_\_

Are accessories being used? \_\_\_\_\_ Remote  Other

<b><u>Room Where Fireplace Is</u></b>	<b><u>Fans</u></b>
What room of the house? _____	Exhaust Yes <input type="checkbox"/> No <input type="checkbox"/>
Size of room: _____	Ceiling Yes <input type="checkbox"/> No <input type="checkbox"/>
Doors, openings to/from room: _____	Vents (Kitchen/Bath) Yes <input type="checkbox"/> No <input type="checkbox"/>
New paint, carpet, flooring?: _____	Furnace vents Yes <input type="checkbox"/> No <input type="checkbox"/>

**Fireplace Type**

Masonry  Universal Listed Vent-free  Prefab UL127  Other

Brand: \_\_\_\_\_ Model No: \_\_\_\_\_

Glass Doors? \_\_\_\_\_ Is damper sealed? \_\_\_\_\_

**Size of Firebox (interior)**

Front Width " \_\_\_\_\_ Rear Width " \_\_\_\_\_ Depth " \_\_\_\_\_ Height " \_\_\_\_\_

If wood-burning fireplace, has it ever burned wood? \_\_\_\_\_ If so, when? \_\_\_\_\_

**III. GAS**

Serial No. (from pg.1): \_\_\_\_\_  
Model No. (from pg.1): \_\_\_\_\_

Gas supply pressure  
(while operating): \_\_\_\_\_

Altitude at home: \_\_\_\_\_

Other gas appliances used (furnace, stove, etc.): \_\_\_\_\_

**IV. DESCRIPTION OF THE PROBLEM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A - Safety Problem**

Soot \_\_\_\_\_ Flame hitting logs \_\_\_\_\_ High CO \_\_\_\_\_ Condensation \_\_\_\_\_ Odors \_\_\_\_\_

**B - Ignition**    Delayed                      Delayed                      No                      Pilot won't  
                         primary burner \_\_\_\_\_    secondary burner \_\_\_\_\_    ignition \_\_\_\_\_    stay lit \_\_\_\_\_

**C - Outages**    Burner **with** logs **goes out** after \_\_\_\_\_ minutes    or    **without** logs \_\_\_\_\_ minutes

**D - Burning Poorly**    Low Flame \_\_\_\_\_    Unbalanced flame \_\_\_\_\_    Too blue \_\_\_\_\_

**V. PRIOR ACTIONS (IF ANY) TO RESOLVE THE PROBLEM**

With fireplace? \_\_\_\_\_ With other vent-free products? \_\_\_\_\_ With this RHP vent-free product? \_\_\_\_\_

**Service Calls/Modifications Made**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By Whom and When?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_