

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

Room Where Fireplace Is **Fans**

What room of the house? _____ Exhaust Yes No

Size of room: _____ Ceiling Yes No

Doors, openings to/from room: _____ Vents (Kitchen/Bath) Yes No

New paint, carpet, flooring?: _____ Furnace vents Yes No

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?

