



Family Care Provider Agreement For An Unused Fireplace/Woodstove Or Fuel Burning Appliance

Provider Information

Provider Name:

Address:

Street:

City:

State:

Zip:

Contact Phone Number:

Home:

Cell:

Fireplace/Woodstove or Fuel Burning appliance product description and location within the home description.

Family Care Provider Affirmation Statement: *Certifies that the product described above is being taken out of service and you are also notifying that inspections will no longer be conducted on this product. You are hereby entering into agreement with OPWDD that the above product will not be used again until an inspection/service has been conducted AND proper notifications have been made as stated below.*

Family Care Provider/Applicant Signature

Date

Safety/Security Officer Signature

Date

Instructions to place product back into service.

The product must be serviced and/or inspected by a qualified contractor prior to being placed back into service. This includes an inspection of the actual device and any means of product exhausting. A copy of the inspection and/or service report shall be provided to the Safety/Security Officer prior to use for review and authorization for placement of service. The above two steps must be completed before the fireplace/woodstove or fuel burning product may be placed back into service.

Family Care Provider/Applicant Signature

Date

Safety/Security Officer Signature

Date