

# Residential Roof Inspection Form

|                              |   |                                    |   |
|------------------------------|---|------------------------------------|---|
| <b>Inspection Date:</b>      |   | <b>Inspector:</b>                  |   |
| <b>Structure Information</b> |   |                                    |   |
| Structure ID:                |   | Used For:                          |   |
| Job No.:                     |   | Year Roof Applied:                 |   |
| Structure Description:       | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | Building Type:                     | <input type="checkbox"/> Single-family <input type="checkbox"/> Apartments<br><input type="checkbox"/> Multi-family <input type="checkbox"/> Other: |
| Resident Key Contact Name:   |   | Owner/Mgr. Contact (if different): |   |
| Structure Address:           |   | Owner/Mgr. Phone:                  |   |
| Structure City/ST/Zip        |   | Owner/Mgr. E-Mail:                 |   |

|  |  |                          |  |
|--|--|--------------------------|--|
| <b>Roofing Company Contact Information</b> |  |                          |  |
| Roofing Contractor Company:                |  | Roofing Co. Address:     |  |
| Roofing Company Contact:                   |  | Roofing Co. City/ST/ZIP: |  |
| Roofing Company Phone:                     |  | Roofing Co. E-Mail:      |  |

|  |   |
|--|---|
| <b>Previous Maintenance and Repair Work</b><br>(Briefly describe membrane and flashing work done, including dates and who did the work)  |   |
|  |   |
| <b>Date of Last Inspection:</b> _____  | <b>Is the Roof guaranteed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Attach copy of guarantee to this record |
| <b>Has occupancy or use of the building changed since last inspection?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe: _____  |   |
| <b>Have any changes, additions or new penetrations been made to roof since last inspection?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe: _____   |   |
| <b>Has there been leakage?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe Conditions: <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Wind <input type="checkbox"/> Leaks Continuously |   |
| <input type="checkbox"/> Other: _____  |   |
| <b>Were emergency repairs performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe: _____  |   |

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|------|----------------------------------|---|--------------------------|--------------------------|----------|--------------|
|      |                                  | G   | F                        | P                        | Location | Action Taken |
|      | <b><i>Interior</i></b>           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Roof Deck</u></b>          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A1   | Corrosion                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A2   | Spalling (chipping or crumbling) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A3   | Cracking                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A4   | Buckling                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A5   | Sagging                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A6   | Open Joints                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A7   | General Deck Condition           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A8   | Stains/Drips                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| A100 | Other: _____                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Walls</u></b>              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B1   | Movement                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B2   | Settling                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B3   | Cracks                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B4   | Spalling (chipping or crumbling) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B5   | Paint Peeling                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B6   | Water Stains                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| B100 | Other: _____                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      |                                  |   |                          |                          |          |              |
|      | <b><i>Exterior</i></b>           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Walls</u></b>              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| C1   | Deteriorated Mortar Joints       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |

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|------|---------------------------------|---|--------------------------|--------------------------|----------|--------------|
|      |                                 | G   | F                        | P                        |          |              |
| C2   | Settlement Cracks               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| C3   | Stains                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| C4   | Efflorescence                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| C5   | Windows                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| C7   | Fascia Displaced                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      |                                 |   |                          |                          |          |              |
|      | <b><u>Metal Flashings</u></b>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Counter Flashing</u></b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E1   | Loose/Missing Fasteners         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E2   | Loose/Displaced Metal           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E3   | Deformed Metal                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E4   | Corrosion                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E6   | Sealant Joints                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E7   | Punctures                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| E100 | Other: _____                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Drains/Downspouts</u></b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L1   | Strainers/Clamping Ring         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L2   | Clear of Debris                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L3   | Flashing                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L4   | Overall Cleanliness             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L5   | Gutter Anchors                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L6   | Drains/Downspouts               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L7   | Gutter General Condition        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| L100 | Other: _____                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |

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|------|--------------------------------|---|--------------------------|--------------------------|----------|--------------|
|      |                                | G   | F                        | P                        |          |              |
|      | <b><u>Penetrations</u></b>     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>General</u></b>          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| K1   | Pitch Pocket Sealant           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| K2   | Loose Flashing                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| K3   | Drawbands                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| K100 | Other: _____                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>Conduit or Pipe</u></b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| N1   | Sagging                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| N2   | Supports Moving                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| N3   | Joints                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| N4   | Corrosion                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| N100 | Other: _____                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      |                                |   |                          |                          |          |              |
|      | <b><u>Membrane/Shingle</u></b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      | <b><u>General</u></b>          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O1   | Discoloration                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O2   | Coating/Surfacing              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O3   | Cracking                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O4   | Wrinkles                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O5   | Punctures                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O9   | Delamination                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O10  | Alligatoring                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O11  | Granule Adhesion               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O12  | Standing Water                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |

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|------|-----------------------------------|---|--------------------------|--------------------------|----------|--------------|
|      |                                   | G   | F                        | P                        |          |              |
| O13  | Vandalism                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O14  | Foot Traffic Damage               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O17  | Mechanical Damage                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O18  | Exposed Felt/Deck                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O19  | Hail Damage                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| O100 | Other: _____                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      |                                   |   |                          |                          |          |              |
|      | <b><u>Miscellaneous</u></b>       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R1   | Antennas                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R2   | Guy Wires                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R3   | Ice or Icicles                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R4   | Oil Deposits                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R5   | Surface Contamination             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R6   | Soft Areas                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R7   | Vandalism                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R8   | Vegetative Growth                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| R100 | Other: _____                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
|      |                                   |   |                          |                          |          |              |
|      | <b><u>Photographic Record</u></b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| U1   | Film/Digital Photography          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| U2   | Video                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |
| U100 | Other: _____                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |          |              |

**\*Mark all items with the appropriate code on the roof plan grid. Keep copies of inspection forms and photographic or other evidence with the Roof Historical Record.**