

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION
 FACILITY PLANNING & CONTROL

ROOFING INSPECTION CHECKLIST

Complete the building identification

Facility Name: _____ Site Code: _____

Building Name: _____ State ID: _____

Roof Section: _____ Roof Age: _____

Circle the appropriate roof descriptors

Roof Type:

Built Up Roof	Metal	Polyurethane Foam
APP Mod. Bit	Shingle	PVC/CPVC
SBS Mod. Bit.	Slate	Clay Tile
Other _____		

Surfacing Type:

Acrylic	Aluminum	Ceramic Granules	Gravel
Modified Asphalt	Silicone	Smooth Uncoated	Urethane

Type of Roof Deck:

Metal	Lt. Wt. Conc.	Structural Conc.	Wood	Other: _____
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Primary Drainage:

Internal Gutter	Over the Edge	Perimeter Gutter	Roof Drains
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Secondary (Emergency) Drainage:

Over the Edge	Internal Roof Drains	Scuppers
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Evidence of Deterioration

Check the appropriate boxes

	YES	NO
1. Membrane Deterioration		
Blistering – approximate number if yes	<input type="checkbox"/>	<input type="checkbox"/>
Exposed felts	<input type="checkbox"/>	<input type="checkbox"/>
Alligating, cracking crumbling	<input type="checkbox"/>	<input type="checkbox"/>
Leaking – how many leaks if yes	<input type="checkbox"/>	<input type="checkbox"/>
2. Metal Deterioration		
Loose Screws	<input type="checkbox"/>	<input type="checkbox"/>
Rusted Panels	<input type="checkbox"/>	<input type="checkbox"/>
Bent or Damaged Panels	<input type="checkbox"/>	<input type="checkbox"/>
Missing Panels	<input type="checkbox"/>	<input type="checkbox"/>
Loose or Missing Accessories	<input type="checkbox"/>	<input type="checkbox"/>
3. Clay/Slate Tile and/or Shingles		
Cracked or Damaged Tile or Accessories	<input type="checkbox"/>	<input type="checkbox"/>
Missing Tiles or Accessories	<input type="checkbox"/>	<input type="checkbox"/>
Loose or Displaced Tile or Accessories	<input type="checkbox"/>	<input type="checkbox"/>
4. Flashing Deterioration		
Membrane-Deteriorating (i.e. reinf. mesh exposed, laps/seams open)	<input type="checkbox"/>	<input type="checkbox"/>
Metal - Rust and pitting	<input type="checkbox"/>	<input type="checkbox"/>
Loose or failing	<input type="checkbox"/>	<input type="checkbox"/>

5. Maintenance

Check the appropriate boxes

YES

NO

Diseased or dying trees that could fall &/or damage the Roof

Tree Limbs that could touch the Roof

Missing Equipment or Vent Covers

Condensate drains anchored to sleepers and to roof drain

Clogged Roof Drains/gutters

Roof Area(s) Ponding Water

Wires laying on the Roof

Noticeable Physical Damage (i.e. _____)

Repairs Needed (i.e. _____)

6. Miscellaneous Installed Items on the Roof

Satellite dishes and supports

HVAC metal frame supports

HVAC Equipment on curbs

HVAC Screens

Skylights

Emergency Smoke Hatches

Stairway Access to Roof

Roof Hatch/Scuttles with Roof Access Ladders

Wall Hung Roof Access Ladders

Mechanical Penthouse Rooms

Walk pads around all equipment

Walk pads from roof access to equipment

Thru-Structure Expansion Joints

Area Dividers

7. Overall Condition

Poor

Fair

Good

Excellent

8. Recommendations for Extending Life of Roof: _____

Survey Completed By: _____

Signature: _____

Telephone: _____ Date of Inspection: _____

Facility Contact: _____ (please print)

Telephone: _____ Fax: _____

Facility Signature: _____