

Residential Roof Inspection Form

Inspection Date:		Inspector:	
Structure Information			
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 <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:	

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

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

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Code		<u>Condition</u> G = Good, No Action F = Fair, Monitor Periodically P = Poor, Immediate Action				
		G	F	P	Location	Action Taken
	<i>Interior</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Roof Deck</u>	<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"/>		
	<u>Walls</u>	<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"/>		
	<i>Exterior</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Walls</u>	<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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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"/>		
	<u>Metal Flashings</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Counter Flashing</u>	<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"/>		
	<u>Drains/Downspouts</u>	<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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	<u>Penetrations</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>General</u>	<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"/>		
	<u>Conduit or Pipe</u>	<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"/>		
	<u>Membrane/Shingle</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>General</u>	<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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Code		<u>Condition</u>			Location	Action Taken
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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"/>		
	<u>Miscellaneous</u>	<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"/>		
	<u>Photographic Record</u>	<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.**