

Commercial Roof Inspection Form

Inspection Date:		Inspector:	
Building Information			
Building ID:		Used For:	
No.:		Year Roof Applied:	
Building Description:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Building Type:	<input type="checkbox"/> Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other: _____
Building Name:		Building Contact:	
Building Address:		Building Phone:	
Building City/ST/Zip		Building E-Mail:	

Key Contact Information			
Owner/Tenant:		Roofing Contractor:	
Owner/Tenant Contact:		Roofing Co. Contact:	
Owner/Tenant Address:		Roofing Co. Address:	
Owner/Tenant City/ST/ZIP:		Roofing Co. City/ST/ZIP:	
Owner/Tenant Phone:		Roofing Co. Phone:	
Owner/Tenant E-Mail:		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>			Location	Action Taken
		G	F	P		
	<u>Interior</u>	<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	<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	Overall Deck Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A8	Bitumen 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"/>		
	<u>Exterior</u>	<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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Code		<u>Condition</u>			Location	Action Taken
		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"/>		
C8	Gutter Anchors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C9	Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C10	Gutter General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C100	Other: _____	<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"/>		
E5	Loose/Missing Joint Cover	<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>Coping/Cap Flashing</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F1	Loose/Missing Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F2	Loose/Displaced Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F3	Deformed Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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F4	Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F5	Loose/Missing Joint Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F6	Cracked Sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F7	Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F8	Cracked/Broken Coping Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F9	Open Coping Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Expansion Joints</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G1	Loose/Missing Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G2	Loose/Displaced Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G3	Deformed Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G4	Loose/Missing Joint Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G5	Spliced Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G6	Stripped-in Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G7	Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G8	Splitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G9	Mechanical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G10	Hinders Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Edge Metal</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H1	Loose/Missing Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H2	Loose/Missing Stripped-in Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H3	Splits in Stripped-in Flashing Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H4	Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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		G	F	P	Location	Action Taken
H5	Loose/Missing Metal Sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H6	Loose/Missing Joint Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H7	Open End Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H8	Sealant Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Base Flashing</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J1	Exposed Top Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J2	Adhesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J3	Seams/Attachment to Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J4	Vertical Laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J5	Deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J6	Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J7	Sagging/Wrinkling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J8	Excessive Bridging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<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>Drains</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L1	Strainers/Clamping Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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		G	F	P		
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"/>		
L100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Rooftop Equipment</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M1	Attachment to Curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M2	Access Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M3	Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M4	Liquid Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M5	Condensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M6	Roof Adjacent to Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M100	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"/>		

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O4	Wrinkles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O5	Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O6	Walkways, Displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O7	Walkways, Deteriorated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O8	Walkways, Needed	<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"/>		
O13	Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O14	Foot Traffic Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O15	Blistering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O16	Buckling	<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>Laps</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
P1	Open Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
P2	Fishmouths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
P100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>Membrane</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q1	Unadhered Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q2	Blisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Code		Condition G = Good, No Action F = Fair, Monitor Periodically P = Poor, Immediate Action			Location	Action Taken
		G	F	P		
Q3	Loose Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q4	Fasteners Backing Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q5	Ridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Q100	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>Coating</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>General</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S1	Reflectivity (Rating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S2	Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S3	Adhesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S4	Cracking/Peeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S5	Crazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S100	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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		G	F	P	Location	Action Taken
	<u>Surfacing</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>General</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T1	Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T2	Coverage/Bare spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T3	Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T4	Gravel Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T100	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.**