

ROOF ANALYSIS Inspection Form

Project #	Date:
Project Name:	
Using Agency:	
Contact Person:	
Title:	Phone #:
Professional:	Phone #:
Report Prepared By:	

BASIC DATA REQUIREMENTS: *(To be included in survey)*

Coring is required to determine any latent conditions.

Photographs are required of the entire roof as well as items of extreme deterioration.

ACM Testing is required to locate any Asbestos Containing Materials (ACM) which may be disturbed by this roofing project. Laboratory reports shall be included.

Moisture Testing is required on overlay projects that do not require complete tear-off of existing roofing or where deemed necessary by the Professional. Testing costs authorized by the Owner shall be reimbursed. Laboratory reports shall be included.

Schematic Roof Plans are required showing individual area numbers; different roof levels and slopes; type of roofing and decking; interior roof drains, gutters and downspouts; edge conditions, fasciae and parapet walls; hatches and roof top equipment as well as any other pertinent information. Show by numbers the locations of major roof defects. Provide sketches of the existing perimeter and flashing conditions. Separate visual analysis sheets may be provided for individual areas of the roof.

Cost Estimate is required in order to provide over-all project cost.

CHECKLIST FOR VISUAL OBSERVATION:

<input type="checkbox"/> Alligatoring	<input type="checkbox"/> Cants	<input type="checkbox"/> Abandoned Equipment
<input type="checkbox"/> Blisters	<input type="checkbox"/> Coping	<input type="checkbox"/> Curb Heights
<input type="checkbox"/> Bare Areas	<input type="checkbox"/> Counterflashing	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Eroded Felts	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Electrical Conduit
<input type="checkbox"/> Delamination	<input type="checkbox"/> Expansion Joints	<input type="checkbox"/> Electrical Service Entry
<input type="checkbox"/> Fishmouths	<input type="checkbox"/> Facia	<input type="checkbox"/> Equipment Clearance
<input type="checkbox"/> Fractures	<input type="checkbox"/> Gravel Guards	<input type="checkbox"/> Fireproofing
<input type="checkbox"/> Ridging	<input type="checkbox"/> Pitch Pockets	<input type="checkbox"/> Guide Wire Anchors
<input type="checkbox"/> Slippage	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Parapet Height
<input type="checkbox"/> Gas Lines	<input type="checkbox"/> Scuppers	<input type="checkbox"/> Thru Wall Flashing Height

VISUAL ROOF ANALYSIS INSPECTION FORM

Individual Area

BASIC DATA:

Project #

Building #

Name:	Area #:	Of:
Slope:	Sq. Ft.:	Age:
Roof Type(s): <input type="checkbox"/> Shingle	Material:	
<input type="checkbox"/> Built-Up	Coal Tar: Felt Type: Surfacing:	Asphalt: No. Piles:
<input type="checkbox"/> Single Ply	Material: Attachment:	
<input type="checkbox"/> Metal	Material: Attachment:	
<input type="checkbox"/> Other	Material: Attachment:	
Insulation(s): Type: Attachment:		Thickness: Condition:
Vapor Barrier(s): Type: Attachment:		Condition:
Decking(s): Material:		Thickness: Condition:
Other:		

SUPPLEMENTAL INFORMATION:

Core Number:

Photo Number:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	ACM Report Components:	Estimated Area:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Moisture Report Wet Components: Test Method	Estimated Area:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roof Bond Manufacturer	Expiration Date: Type:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire Rating Requirements:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	

VISUAL ROOF ANALYSIS INSPECTION FORM

Individual Area

Project #	Building:	Area #:
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DEFICIENCIES:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Leaks	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ponding	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Defects: 1. Defect: _____ Component: _____ Possible Cause: _____ 2. Defect: _____ Component: _____ Possible Cause: _____ 3. Defect: _____ Component: _____ Possible Cause: _____ 4. Defect: _____ Component: _____ Possible Cause: _____ 5. Defect: _____ Component: _____ Possible Cause: _____	

COMMENTS:

(X)	RECOMMENDATIONS FOR THIS AREA:
	Complete removal and replacement Type: _____
	Provide Slope
	Recover (Overlay existing) Type: _____
	No action Continue Maintenance: Bond Repairs:
	Other

COST ESTIMATE OF THIS AREA:

Cost per Square \$

Number of Squares x

Total Cost \$

Provide total cost recap, including all areas with survey.