

Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

	<b>ROOF PLAN LEGEND</b>
	<ul style="list-style-type: none"> <li>Roof Drain </li> <li>Scupper </li> <li>Firewall </li> <li>Chimney </li> <li>Skylight </li> <li>Scuttle or hatch </li> <li>Penthouse </li> <li>Ventilator/Fan </li> <li>Vent Pipe </li> <li>Air Conditioner </li> <li>Cooler </li> <li>Pitch Pocket </li> <li>Saddle  </li> <li>Hip </li> <li>Ridge </li> <li>Valley </li> <li>Pipe or Conduit </li> <li>Screen Support/Fence </li> <li>Expansion Joint </li> <li>Metal Edging - Single-line perimeter </li> <li>Parapet Wall - Double-line perimeter </li> <li>Other _____</li> </ul>

**Owner Based Maintenance Requirements**

	No Problems	Maintenance Required	Not Applicable
1. Edge Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counter Flashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Expansion Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pitchpans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Scuppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Coping Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Antennae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. HVAC Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sign Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Coatings/Toppings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			
_____			
_____			

**Condition of Roof Membrane**

Surface Condition	Yes	No
Any blisters, splits, buckles or punctures?	<input type="checkbox"/>	<input type="checkbox"/>
Any bare spots, displaced gravel, thin coating or severe granule loss?	<input type="checkbox"/>	<input type="checkbox"/>
Reflective coating in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of ponding?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of residue deposits or foreign contamination?	<input type="checkbox"/>	<input type="checkbox"/>
Are A/C condensation lines extending into drains?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of traffic or physical damage?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of wet insulation?	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____		
_____		
_____		
<b>General Conditions</b>		
Any building or structural movement?	<input type="checkbox"/>	<input type="checkbox"/>
Any deflection or sagging of deck?	<input type="checkbox"/>	<input type="checkbox"/>
Any alterations, additions or new penetrations?	<input type="checkbox"/>	<input type="checkbox"/>
Any change in building usage?	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____		
_____		
_____		