

PM Roof Inspections

Z#: _____ ID Number: 1 Team#: _____
 TA: 0 Bldg: _____ Date: _____
 Previous Inspection Date: _____

I. Supporting Structure

	Problem			Date of Repair
A. Exterior and Interior Walls	OK	Minor	Major	
Expansion/Contraction _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Settlement/Cracks _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deterioration/Spalling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moisture Stains/Efflorescence _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

B. Exterior and Interior Roof Deck

Securement to Supports _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expansion/Contraction _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural Deterioration _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water Stains/Rusting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachment of Felts/Insulation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
New Equipment/Alterations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

II. Roof Condition

A. General Appearance

Debris _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drainage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
New Equipment/Alterations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

B. Surface Condition

Bare Spots in Gravel/Ballast Displaced _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alligating/Cracking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Slippage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

C. Membrane Condition

Blistering _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Splitting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ridging/Wrinkling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fishmouthing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loose Felt Laps/Seams _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures, Fastener Backout _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Securement to Substrate _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Membrane Shrinkage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Membrane Slippage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

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III. Flashing condition

A. Roof Perimeter Base Flashing

	OK	Problem		Date of Repair
		Minor	Major	
Punctures or Tears _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deterioration _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blistering _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open Laps _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ridging or Wrinkling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

B. Counter Flashing/Termination Bars

Open Laps _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rusting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fasteners _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caulking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

C. Coping

Open Fractures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rusting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drainage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fasteners _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caulking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

D. Perimeter Walls

Mortar Joints _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spaling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Movement Crack _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

IV. Roof Perimeter Edging/Facia

Splitting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Securement _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rusting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Felt Deterioration _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fasteners _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment _____

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V. Roof Penetrations

A. Equipment Base Flashing-Curbs

	Problem			Date of Repair
	OK	Minor	Major	
Open Laps _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

B. Equipment Housing

Counter Flashing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open Seams _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caulking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drainage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

C. Equipment Operation

Discharg of Contaminants _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excessive Traffic Wear _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

D. Roof Jacks/Vents/Drains

Attachment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Damage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vents Operable/Screens Cleaned _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

VI. Expansion Joint Covers

Open Joints _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctures/Splits _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Securement _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rusting _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fasteners _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

VII. Pitch Pockets

Fill Material Shrinkage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attachments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments