



Roof Inspection Form

Customer's Name: _____ Date: _____
Property Address: _____ Inspector's Name: _____

Condition Key:

G = Good: No Action

F = Fair: Monitor Periodically

P = Poor: Immediate Action

Roof Deck	Select One	Location	Suggested Correction
Rotting / Deteriorated	Choose		
Buckling	Choose		
Sagging	Choose		
General Deck Condition	Choose		
Other	Choose		

Masonry	Select One	Location	Suggested Correction
Deteriorated Mortar Joints	Choose		
Chimney Cap	Choose		

Counter Flashing	Select One	Location	Suggested Correction
Loose/Missing Fasteners	Choose		
Loose/Displaced Metal	Choose		
Deformed Metal	Choose		
Corrosion	Choose		
Sealant Joints	Choose		
Punctures	Choose		
Other	Choose		

Gutters/ Downspouts	Select One	Location	Suggested Correction
Gutters/ Downspouts	Select One	Location	Suggested Correction
Overall Cleanliness	Choose		
Gutter Anchors	Choose		
Drains / Downspouts	Choose		
Gutter General Condition	Choose		
Other	Choose		

Penetrations	Select One	Location	Suggested Correction
Sealant	Choose		
Flashing Deteriorated	Choose		
Other	Choose		

Membrane / Shingle	Select One	Location	Suggested Correction
Discoloration	Choose		
Cracking	Choose		
Wrinkles	Choose		
Punctures	Choose		
Delamination	Choose		
Alligatoring	Choose		
Granule Adhesion	Choose		
Standing Water	Choose		
Foot Traffic Damage	Choose		
Mechanical Damage	Choose		
Exposed Felt Deck	Choose		
Hail Damage	Choose		
Other	Choose		

Miscellaneous	Select One	Location	Suggested Correction
Antennas	Choose		

Miscellaneous	Select One	Location	Suggested Correction
Ice or Icicles	Choose		
Soft Areas	Choose		
Vegetative Growth / Algae	Choose		
Drip Edge	Choose		
Underlayment	Choose		
Other	Choose		

Photographic Record	Select One	Notes
Film Digital Photography	Choose	
Other	Choose	

Inspection Notes:

Signature of Inspector

Signature
Signature Date