



FOR OFFICE USE ONLY

Date Received: _____

New Approved Applicator: No _____ Yes _____

Warranty Number: _____

POST INSTALLATION REPORT

The purpose of this post installation report is to confirm that all problem areas of the roof substrate were address and to record the completion of the roof restoration. It will also help Everroof Products determine whether to award a Limited Labor and Material Warranty. Everroof reserves the right to deny any application for warranty at anytime in the warranty process, at its sole discretion.

General Info:

Building Owner: _____ Architect/Engineer Firm: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Contractor Info:

Contractor/Applicator: _____ License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Supervisor Name: _____ Cell: _____ Email: _____

Project Site:

Building Name/Number: _____ Building Use: _____

Address: _____ City: _____ State: _____ Zip: _____

Site Manager: _____ Site Manager's Email: _____

Site Phone: _____ Cell: _____ Fax: _____

Roof Substrate Type:

Mod Bit _____ BUR _____ PVC _____ TPO _____ EPDM/Hypalon _____ Metal _____ Concrete _____ SPF _____

Other _____ Recoat _____

Square Footage: _____ Avg Slope: _____

Which Everroof System was installed:

Ever-Thane ____ Sil-Thane ____ Ever-Silic ____ Ever-Crylic ____

Length of Warranty Requested: 10 year ____ 15 year ____ 20 year ____

Provide batch numbers and quantity used for all Everroof Products:

EXAMPLE:	Batch Numbers & Quantity ()	Gallons/Square or Mil Thickness
Top Coat	FS1234 (42 pails), FS 5678 (48 Drums)	24 wet mils
Ever-Silic		

	Batch Numbers & Quantity ()	Gallons/Square or Mil Thickness
Sealer		
Primer		
Fast Flash or Mastic		
Base Coat		
Intermediate Coat		
Top Coat		
Adhesive/Caulking		
		(where applied)
Joint Tape or Fabric		
	(provide product name)	(where applied)

How was the roof cleaned or prepped (check all that apply):

Power Wash ____ Broom ____ Vacuumed ____ Etching ____ Other ____

How was the new coating applied? Dip and Rolled ____ Sprayed ____ Both ____ Other ____

Overall Success of Roof Restoration? (on a scale of 1 thru 5, 5 being best) 5 4 3 2 1

- Provide several roof photos of final project, if possible aerial images. If necessary provide video imagery

Did you have any issues with the following?:

Material ____ Delivery of Materials ____ Equipment ____ Labor ____ Weather ____ Substrate ____

Scheduling ____ Issue with Owner or Site Manager ____ Smell or Aroma of Chemical ____

Safety ____ Access to Roof Top ____ Delays of Any Kind ____ Other Trades ____

**Describe briefly the issues you encountered while installing the new coating as marked above.
How were they handled?**

Date Project Completed:_____

Roof Inspected by:_____ **Signature** _____
(print)

Report Written by:_____ **Signature** _____
(print)