

Roofing System Quality Inspection Sheet

Project Name:

Date:

Location:

Inspector Name:

Weather Conditions:

Roof Type:

Inspection Items

No.	Description	Compliant	Remarks
1	Roof Deck Condition	<input type="checkbox"/>	<div></div>
2	Moisture Barrier Installed	<input type="checkbox"/>	<div></div>
3	Flashing Installation	<input type="checkbox"/>	<div></div>
4	Roof Covering Material	<input type="checkbox"/>	<div></div>
5	Proper Fastening	<input type="checkbox"/>	<div></div>
6	Ventilation Systems	<input type="checkbox"/>	<div></div>
7	Sealant Application	<input type="checkbox"/>	<div></div>
8	Gutter and Drainage	<input type="checkbox"/>	<div></div>
9	Overall Workmanship	<input type="checkbox"/>	<div></div>

Comments / Observations

Inspector Signature