

# Roofing Installation Quality Control Checklist

Project Name

Location

Date

Inspector

## Pre-Installation

Item	Yes	No	N/A	Comments
All materials delivered and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Site and weather conditions acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Existing roof inspected and prepped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## During Installation

Item	Yes	No	N/A	Comments
Proper underlayment installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flashing correctly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shingles/panels correctly aligned and attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All penetrations sealed and waterproofed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Post-Installation

Item	Yes	No	N/A	Comments
Debris removed and site clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Final inspection conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Customer walk-through completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Notes

Inspector Signature

Date Signed