

# Green Roof Maintenance Inspection Checklist

Inspection Date

Inspector Name

Inspection Items

| Item                          | Condition  | Notes                |
|-------------------------------|--|----------------------|
| Vegetation Health             | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor        | <input type="text"/> |
| Weed Presence                 | <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant | <input type="text"/> |
| Soil/Substrate Level          | <input type="checkbox"/> Adequate <input type="checkbox"/> Low                                   | <input type="text"/> |
| Drain Outlets                 | <input type="checkbox"/> Clear <input type="checkbox"/> Obstructed                               | <input type="text"/> |
| Irrigation System             | <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair                           | <input type="text"/> |
| Roof Membrane Visible/Damaged | <input type="checkbox"/> No <input type="checkbox"/> Yes   | <input type="text"/> |
| Edge/Barrier Condition        | <input type="checkbox"/> Intact <input type="checkbox"/> Damaged                                 | <input type="text"/> |

General Comments & Recommendations