



FIRST ALARM ROOF REPORT



Property Owner's Name _____ Date of Inspection: _____
 Street Address _____ City _____ State _____ Zip _____
 Phone: _____ E-Mail Address _____

Company Rep _____
 Phone Number _____
 Email _____

Inspection Item	Items to Check (X for Needs Attention)	Notes / Issues / Suggestions
Steep Roofing System Roof Style: Current Color: Est. Date of Install:	<input type="checkbox"/> Layers of Shingles _____ <input type="checkbox"/> Layers of Felt _____ <input type="checkbox"/> Slope of the Roof _____ <input type="checkbox"/> Valleys Sealed / Correct <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Broken Tabs <input type="checkbox"/> Decking Buckling <input type="checkbox"/> Nail Pops <input type="checkbox"/> Exposed Fasteners <input type="checkbox"/> Extensive Granule Loss <input type="checkbox"/> Algae / Mold Growth <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Evidence of Storm Damage	
Low Slope Roof System Roof Style: Est Date of Install:	<input type="checkbox"/> Number of Layers _____ <input type="checkbox"/> Slope of the Roof _____ <input type="checkbox"/> Roof Correct for Slope <input type="checkbox"/> Properly Installed <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Evidence of Storm Damage	
Hip & Ridge Shingles	<input type="checkbox"/> Missing Hip / Ridge Shingle <input type="checkbox"/> Correct Style for Roof <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Evidence of Storm Damage	
Chimney Flashing	<input type="checkbox"/> Condition of Flashing <input type="checkbox"/> Properly Counter Flashed <input type="checkbox"/> Cricket <input type="checkbox"/> Evidence of Leaks	
Existing Roof Ventilation	<input type="checkbox"/> Ventilation Style _____ <input type="checkbox"/> Installed Correct <input type="checkbox"/> Balanced Ventilation <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Evidence of Storm Damage	

Future Recommendations / Actions:

Inspection Item	Items to Check (X for Needs Attention)	Notes / Issues / Suggestions
Roof Accessories <i>Include Counts in Notes</i>	<input type="checkbox"/> Pipe Coverings Style: _____ <input type="checkbox"/> Exhaust Vents <input type="checkbox"/> Turtle Vents <input type="checkbox"/> 4 Way Roof Jacks <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Evidence of Storm Damage	
Drip Edge	<input type="checkbox"/> Drip Edge Present <input type="checkbox"/> Current Style _____	
Gutter System Gutter Size: Gutter Color:	<input type="checkbox"/> Gutters Present <input type="checkbox"/> Properly Installed <input type="checkbox"/> Number of Downspouts _____ <input type="checkbox"/> Gutter Protection <input type="checkbox"/> Gutters Clogged <input type="checkbox"/> Evidence of Storm Damage	
Attic Inspection	<input type="checkbox"/> Underside of Decking <input type="checkbox"/> Any Broken Framing <input type="checkbox"/> Visible Signs of Leaks <input type="checkbox"/> HVAC Present & Vented <input type="checkbox"/> Water Heater Present & Vented	
Insulation Style:	<input type="checkbox"/> Insulation Condition <input type="checkbox"/> Sign of Pests in Attic <input type="checkbox"/> Current Insulation Affective	

Additional Observations:

Immediate Maintenance Required: