

RESIDENTIAL ROOF INSPECTION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Address: \_\_\_\_\_

Details	OK	Minor Problem	Major Problem	Observations / Actions	Photos	Date of Repair
Roof Type						
Roof Size						
Roof Height						
Roof Color System						
Ventilation						
Penetrations						
Chimneys						
Gutter System						
Additions/ Transitions						
Previous Repairs						
Insurance Damage						

Comments Recommendations: \_\_\_\_\_

\_\_\_\_\_

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