

ROOF INSPECTION FORM

Inspection Location: _____ Inspector Name: _____

Property Owner Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Roof Details:

Property Address: _____

Type of Roof (e.g., Shingle, Tile, Metal): _____

Roof Age (years): _____ Roof Size (sq ft): _____

Roof Pitch: _____

Inspection Checklist:

- Visual condition of shingles/tiles
- Signs of leaks or water intrusion
- Condition of flashing and seals
- Inspection of gutters and downspouts
- Condition of roof vents and chimneys
- Presence of mold, moss, or algae
- Integrity of roof decking and sheathing
- Evidence of previous repairs or patching
- Condition of attic insulation and ventilation
- Safety hazards identified during inspection

Inspection Findings and Recommendations:

Photographs Taken During Inspection:

Photo 1 Description: _____

Photo 2 Description: _____

Photo 3 Description: _____

Inspector Certification and Signature:

I certify that this roof inspection has been conducted to the best of my knowledge and ability, in accordance with standard industry practices and applicable United States laws and regulations. This report reflects the condition of the roof at the time of inspection and does not guarantee future performance or condition.

Inspector Signature: _____

License Number: _____

Date of Inspection: _____

INSPECTOR'S SIGNATURE

PROPERTY OWNER'S ACKNOWLEDGEMENT

Signature: _____

Signature: _____

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