

(12/96)

ROOF INFORMATION WORKSHEET

BUILT-UP ROOFING

Comments About
Condition of
Roofing
Felt Plies

<u>Type of Felt Plies</u>	<u>Number of Plies</u>	<u>Was Base Sheet Used</u>	
<input type="checkbox"/> Inorganic-Mineral (Asbestos, etc.)	_____	Yes _____	No _____
<input type="checkbox"/> Organic (rag, wood pulp, etc.)	_____	Yes _____	No _____
<input type="checkbox"/> Glass Fiber	_____	Yes _____	No _____
<input type="checkbox"/> Other	_____	Yes _____	No _____
<input type="checkbox"/> Attachment to Deck: Mopped _____	Screw _____	Fastener _____	OTHER _____

Waterproofing Agent Between Plies

Waterproofing

Asphalt Coal Tar Pitch Other _____

Surface Material

Type of Aggregate/or Surface

Surf. Material

<input type="checkbox"/> Asphalt & Aggregate	<input type="checkbox"/> Slag	<input type="checkbox"/> Washed Gravel	<input type="checkbox"/> Crushed Stone
	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Coal Tar Pitch & Aggregate	<input type="checkbox"/> Slag	<input type="checkbox"/> Washed Gravel	<input type="checkbox"/> Crushed Stone
	<input type="checkbox"/> Other _____		

Smooth-surfaced Asphalt

Cap Sheet _____

Coatings _____

Other _____

Flashings

Wall

Curb

Edge

Other

Penetrations

Flashings

<input type="checkbox"/> Height	_____	_____	_____	_____
<input type="checkbox"/> Counterflashings	_____	_____	_____	_____
<input type="checkbox"/> Coatings	_____	_____	_____	_____
<input type="checkbox"/> Cants	_____	_____	_____	_____
<input type="checkbox"/> Expansion Joints	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

Type of Insulation

Number of Layers

Total Thickness

Insulation

<input type="checkbox"/> Fiberboard	_____	_____
<input type="checkbox"/> Fiberglass	_____	_____
<input type="checkbox"/> Glass Fiber	_____	_____
<input type="checkbox"/> Perlite	_____	_____
<input type="checkbox"/> Polyisocyanurate	_____	_____
<input type="checkbox"/> Polystyrene (expanded)	_____	_____
<input type="checkbox"/> Polystyrene (extruded)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> None	_____	_____

Type of Vapor Barrier

Vapor Barrier

<input type="checkbox"/> None	<input type="checkbox"/> PVC (Polyvinylchloride)
<input type="checkbox"/> Coated Felt	<input type="checkbox"/> Other _____
<input type="checkbox"/> Kraft Paper (foil backed)	<input type="checkbox"/> Method of Attachment _____

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Comments About
Condition of
Roofing
Type of Deck

<u>Type of Deck</u>	<u>Thickness</u>
<input type="checkbox"/> Wood Plank <input type="checkbox"/> Wood Plank T&K	_____
<input type="checkbox"/> Sheathing Boards	_____
<input type="checkbox"/> Plywood	_____
<input type="checkbox"/> Metal	_____
<input type="checkbox"/> Poured Concrete <input type="checkbox"/> Precast Concrete	_____
<input type="checkbox"/> Poured Gypsum <input type="checkbox"/> Precast Gypsum	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Drainage Slope	_____ inches/ft
<input type="checkbox"/> Thickness/Guage	_____

<u>Type of Roof Structure</u>	<u>Description</u>	<u>Roof Structure</u>
<input type="checkbox"/> Concrete	_____	
<input type="checkbox"/> Metal	_____	
<input type="checkbox"/> Wood	_____	
<input type="checkbox"/> Other _____	_____	

<u>Drainage/Plumbing</u>	<u>Drainage/Plumb</u>
<input type="checkbox"/> Ponding Water: Yes _____ No _____	
<input type="checkbox"/> Roof Drains (Internal) Material _____ Number _____	
<input type="checkbox"/> Gutters Material _____ Length _____	
<input type="checkbox"/> Scuppers Material _____ Number _____	
<input type="checkbox"/> Other _____	

<u>Roof Penetrations/Other</u>	<u>Material</u>	<u>Number</u>	<u>Penetrations</u>
<input type="checkbox"/> Pitch Pockets	_____	_____	
<input type="checkbox"/> Soil Stacks	_____	_____	
<input type="checkbox"/> Equipment Supports	_____	_____	
<input type="checkbox"/> Rooftop Equipment	_____	_____	
<input type="checkbox"/> Skylights	_____	_____	
<input type="checkbox"/> Smoke Hatches	_____	_____	
<input type="checkbox"/> Roof Hatches	_____	_____	
<input type="checkbox"/> Misc. Metal Components	_____	_____	
<input type="checkbox"/> Walkway Treads	_____	_____	
<input type="checkbox"/> Other _____	_____	_____	

<u>Chemical Exposure</u>	<u>Chemical Exp</u>
<input type="checkbox"/> _____	

