

Your logo

Your company name

INSPECTION REPORT

Address

Phone

Email

License # / registration #

JOB

Customer

Property address

Date

Inspector

Weather at inspection

Roof type

☐ Pitched

☐ Low slope

☐ Flat

Material

Approx age

Layers

Stories

Access

☐ Walked

☐ Ladder at eaves

☐ Drone

☐ Ground

SUMMARY

Fill in: this box last, after the checklist and photos.

Overall condition

☐ Good

☐ Fair

☐ Poor

☐ Replace

Recommended action:

Urgent items:

CHECKLIST

Fill in: tick one box per row. Use Notes for where and how bad.

Area	Condition				Notes
	OK	Fair	Poor	N/A	
Roof surface					
Shingles or membrane	☐	☐	☐	☐	
Granule loss	☐	☐	☐	☐	
Cracking or blistering	☐	☐	☐	☐	
Missing or lifted pieces	☐	☐	☐	☐	
Exposed nails	☐	☐	☐	☐	
Moss or debris	☐	☐	☐	☐	
Ponding (flat roofs)	☐	☐	☐	☐	
Edges and penetrations					
Drip edge	☐	☐	☐	☐	
Starter	☐	☐	☐	☐	
Pipe boots	☐	☐	☐	☐	
Vents	☐	☐	☐	☐	
Chimney flashing	☐	☐	☐	☐	
Step and counter flashing	☐	☐	☐	☐	
Skylights	☐	☐	☐	☐	
Satellite or solar mounts	☐	☐	☐	☐	
Ridge, hips and valleys					
Ridge cap	☐	☐	☐	☐	
Ridge vent	☐	☐	☐	☐	
Hip cap	☐	☐	☐	☐	
Valley metal or weave	☐	☐	☐	☐	
Drainage					
Gutters	☐	☐	☐	☐	
Downspouts	☐	☐	☐	☐	
Scuppers	☐	☐	☐	☐	
Splash blocks	☐	☐	☐	☐	
Ventilation					
Intake (soffit)	☐	☐	☐	☐	
Exhaust	☐	☐	☐	☐	
Attic airflow	☐	☐	☐	☐	
Attic and interior (if accessed)					
Water stains	☐	☐	☐	☐	
Daylight through decking	☐	☐	☐	☐	
Insulation wet	☐	☐	☐	☐	
Decking soft spots	☐	☐	☐	☐	

STORM DAMAGE

Hail hits per test square (10×10 ft) on each slope: N _____ S _____ E _____ W _____

Wind-creased shingles (count) _____ Date of storm _____

Collateral damage (gutters, screens, AC fins, paint) ☐ Yes

Insurers often count hail hits per test square. Mark each slope.

PHOTO LOG

Fill in: one photo per box. Use the photo # in the checklist Notes.

Photo

Photo # _____ Location _____

What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

Photo

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What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

Photo

Photo # _____ Location _____

What it shows _____

SIGN-OFF

Inspector name _____

Signature _____ Date _____

This report describes what the inspector could see on the date above. It is not a warranty.