

ROOFING QUALITY CONTROL CHECKLIST

Project Name:	
Project Number / Lot #:	
Site Address:	
Roofing Contractor:	
QC Inspector Name:	
Inspection Date:	
Weather Conditions:	
Roof Type:	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Flat / Membrane <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____

Pre-Installation Checks

Item	Yes	No	N/A	Comments
Work area clean and safe for roofing operations				
Existing roof deck inspected and in good condition				
All required permits and approvals obtained				
Safety plan in place and followed (fall protection)				
Correct materials delivered and stored properly				
Underlayment installed per specifications				
Flashing materials on-site and pre-checked				

Roofing Installation

Item	Yes	No	N/A	Comments
Roofing materials installed per manufacturer specifications				
Proper fastening pattern used				
Underlayment fully covered and secured				
Starter strips installed correctly				
Valleys and ridges sealed and flashed properly				
Roof penetrations sealed and flashed (vents, pipes, etc.)				
Flashings installed at walls, chimneys, skylights, etc.				

Item	Yes	No	N/A	Comments
Drip edge installed per code/spec				
Ridge caps installed securely and evenly				
Proper spacing and alignment of shingles/panels/tiles				
Ventilation systems installed properly				

Post-Installation

Item	Yes	No	N/A	Comments
Roofing area cleaned and free of debris				
All flashing sealed and water-tested (if required)				
No visible damage or defects				
All roof penetrations sealed				
Final inspection completed with site supervisor				
Photos taken and attached to QC documentation				

Punch List / Deficiencies

List any items that need correction or follow-up before signoff:

Final Sign-Off

Roofing Contractor Representative:	Site Supervisor / General Contractor Representative:
Name:	Name:
Signature:	Signature:
Date:	Date: