

Roofing Inspection Report

Customer Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Inspection Date: _____

Inspected By

Name: _____

Company: _____

Contact Number: _____

Weather Conditions

Temperature: _____

Weather: _____ (Sunny, Cloudy, Rainy, etc.)

Wind Speed: _____

Roof Details

Roof Type: _____ (Asphalt Shingle, Metal, Tile, etc.)

Roof Age: _____

Last Maintenance Date: _____

Exterior Inspection

1. Roof Covering

Condition: _____ (Good, Fair, Poor)

Comments: _____

2. Flashing

Condition: _____ (Good, Fair, Poor)

Comments: _____

3. Gutters & Downspouts

Condition: _____ (Good, Fair, Poor)

Comments: _____

4. Eaves & Soffits

Condition: _____ (Good, Fair, Poor)

Comments: _____

5. Fascia

Condition: _____ (Good, Fair, Poor)

Comments: _____

6. Skylights

Condition: _____ (Good, Fair, Poor)

Comments: _____

7. Chimney

Condition: _____ (Good, Fair, Poor)

Comments: _____

Interior Inspection

1. Attic Insulation

Condition: _____ (Good, Fair, Poor)

Comments: _____

2. Ventilation

Condition: _____ (Good, Fair, Poor)

Comments: _____

3. Signs of Leaks

Condition: _____ (Good, Fair, Poor)

Comments: _____

4. Moisture Levels

Condition: _____ (Good, Fair, Poor)

Comments: _____

Damage Assessment

1. Shingle Damage

Type: _____ (Cracked, Missing, Curling, etc.)

Comments: _____

2. Structural Damage

Type: _____ (Sagging, Rot, etc.)

Comments: _____

3. Water Damage

Type: _____ (Stains, Mold, etc.)

Comments: _____

Recommendations

Immediate Repairs Needed: _____

Suggested Maintenance: _____

Further Evaluation: _____

Photos

Photo 1: Description: _____

Photo 2: Description: _____

Photo 3: Description: _____

Additional Photos: _____

Notes

Customer Acknowledgment

I, _____ (Customer Name), have reviewed this Roofing Inspection Report and understand the findings and recommendations made by the technician.

Customer Signature: _____

Date: _____