

ROOF MEMBRANE INSPECTION FORM

5 Te Kea Place, Albany

Auckland. PO Box 101-903

North Shore City 0745

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www.allco.co.nz



Membrane Product _____

Warranty Certificate _____

Warranty Period _____

Owner _____

Site address _____

Roof type _____

Roof area _____

Applicator _____

Installation Commencement Date _____

Installation Completion Date _____

Inspection date	Membrane Condition	Roof cleaned*	Gutters clear	Seams (Visually Inspected)	Penetrations (Visually Inspected)	Signs of Leakage	Actions taken	Comments
<input type="text"/>	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Issues Identified	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Issues Identified	<input type="text"/>	<input type="text"/>
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ROOF MEMBRANE INSPECTION FOLLOW UP

Inspection date	Membrane Condition	Roof cleaned	Gutters clear	Seams (Visually Inspected)	Penetrations (Visually Inspected)	Signs of Leakage	Actions taken	Comments
<div></div>	<div>Good</div>	<div>Yes</div>	<div>Yes</div>	<div>Yes</div>	<div>Yes</div>	<div>No</div>	<div></div>	<div></div>
	<div>OK</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>Yes</div>		
	<div>Needs Attention</div>	<div>Not needed/deferred</div>	<div>Not needed</div>	<div>Seam Condition</div>	<div>Penetration Condition</div>	<div>Issues Identified</div>		
				<div>Good</div>	<div>Good</div>	<div></div>		
				<div>OK</div>	<div>OK</div>			
				<div>Needs Attention</div>	<div>Needs Attention</div>			

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	<div>OK</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>Yes</div>		
	<div>Needs Attention</div>	<div>Not needed/deferred</div>	<div>Not needed</div>	<div>Seam Condition</div>	<div>Penetration Condition</div>	<div>Issues Identified</div>		
				<div>Good</div>	<div>Good</div>	<div></div>		
				<div>OK</div>	<div>OK</div>			
				<div>Needs Attention</div>	<div>Needs Attention</div>			

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	<div>OK</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>Yes</div>		
	<div>Needs Attention</div>	<div>Not needed/deferred</div>	<div>Not needed/</div>	<div>Seam Condition</div>	<div>Penetration Condition</div>	<div>Issues Identified</div>		
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	<div>OK</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>No</div>	<div>Yes</div>		
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