

SILICONE ROOF COATING RESTORATION (RCR) SYSTEM BI-ANNUAL MAINTENANCE INSPECTION CHECKLIST

Building: _____ Roof Section: _____
Roofing System: _____ Warranty Term: _____
Applicator: _____ Completion Date: _____
Inspected By: _____ Inspection Date: _____

Were there changes, additions or new penetrations to the roof since last inspection? YES NO

If yes, indicate on roof plan and describe: _____

Is there any leakage? YES NO If yes, under what conditions? (Circle all that apply)

Light Rain Heavy Rain Wind-driven rain Leaks continuously (Indicate where leaks occurred on plan)

Were emergency or temporary repairs made? YES NO

If yes, indicate on roof plan and describe: _____

General Remarks: _____

Roof Sketch Symbols

Use the following symbols when preparing a roof sketch:

- | | |
|-------------------------|--|
| P> - Photographs | S# - Slit Number |
| O - Roof Drains | UC - Uncured Coatings |
| X - Mechanical Drainage | DT - Flashing or Edge Treatment Defect |
| TC - Thin Coating | OS - Overspray |
| CB - Coating Blister | CC - Coating Cracks |
| EX - Excessive Ponding | P - Pinholes |

Comments: _____

	PROBLEM		OBSERVATIONS	PROBLEM	
	YES	NO		O/A*	DATE
I. ROOF CONDITION					
A. GENERAL					
Debris					
Walkways					
Substrate					
Contaminants					
Leaks					
B. DRAINAGE					
Roof Drains					
Scuppers					
Gutters					
Downspouts					
Ponding					
C. COATING					
Bare Spots					
Blisters					
Adhesion					
Cracks					
Pinholes					
Mechanical Damage					
II. MEMBRANE					
Blisters					
Cracks					
Mechanical Damage					
Bird Damage					
Storm Damage					
Soft & Spongy					
Wet					
III. FLASHING					
Base Flashing					
Counter Flashing					
Coping					
Gravel Stop/Facia					
IV. PENETRATION					
Pipes					
A/C Units					
Vents Skylights					
Expansion Joints					
Ducts					
Walls					

*Indicate who performs repairs ("O" for Owner or "A" for Applicator/Contractor)