

Coating System – Pre-Inspection Warranty Form (PROJECT PHOTOS ARE REQUIRED WITH EACH APPLICATION)

A pre-notification form must be completed prior to job start to receive consideration for a warranty. Upon completion of the project, a job completion form must be completed and submitted.

Name of Building: _____ Telephone: _____
Current use of building: _____
Address of building: _____
Owner: _____ Telephone: _____
Owner's Address: _____
Applicator: _____ Telephone: _____
Applicator's address: _____
Type of Warranty: _____

This job pertains to:

Restoration New Construction Number of Existing Roofs _____

Type of Roof:

Metal Roof Foam & Coatings Single-Ply Roof
Asphalt Roof Coatings over Foam Coatings over Concrete

Building Structure:

Steel Concrete Wood
Other: _____

Size of Project:

Square Feet: _____ Building Age: _____ Building Height: _____

Fire Rating:

No Yes Type: _____

Roof Shape:

Flat

Dome

Arch

Gable

Gambrel

Other: _____

Slope: _____

Roof Surface:

Built-Up (Gravel, Smooth)

Modified Bit. (Granulated, Smooth)

Metal

Single-Ply (EPDM, CSPE, PVC)

Annual Temperature range for building site area:

Minimum _____ °F

Maximum _____ °F

Exterior Foundation:

Good

Cracked

Settling

Other _____

Evidence of Movement of:

Bearing

Wall

Columns

Floors

Other _____

No Cracking/movement

Extent of cracking? _____

Interior Humidity:

No

Yes

Temperature:

Minimum _____ °F

Maximum _____ °F

Leaks:

None

Leaks every time it rains

Leaks with continuous rain

Leaks only with strong winds & rain

Condensation:

Yes

No

Moisture condition of entire roof system:

Dry _____

Wet _____

Moisture detection method:

Core Samples Infra-Red Thermography

Other _____

ATTACH A COPY OF THE MOISTURE SURVEY. FAILURE TO DETECT AND REMOVE WET INSULATION WILL VOID THIS WARRANTY.

Vapor barrier present:

No Yes Condition: _____

Insulation:

Fiberglass Perlite Fiberboard Polystyrene Board
Polystyrene-Isocyanurate Board

Method of attachment: _____

R-Value of existing system: _____

Interior Drains:

No Yes Number _____

Exterior Drains/Scuppers:

No Yes Number _____

Condition of drains:

Good Clogged
Damaged/deteriorated Relocation to low area required

Does the water pond:

No Yes # of ponds _____

Size of ponds:

Size of ponds _____ Ft²
Depth _____ inches

Parapet walls:

No Yes Condition _____
Height _____ Repair required, explain: _____

Skylights:

No Yes # of Skylights _____
Condition _____ Repair required, explain: _____

Parapet Cap Flashing:

No _____ Yes _____

Condition: _____ Repair required, explain: _____

Roof Petrusions:

No _____ Yes _____ # of Protrusions _____

Condition: _____ Repair required, explain: _____

Roof equipment curbs:

No _____ Yes _____

Condition _____ Repair required, explain: _____

Expansion of joints:

No _____ Yes _____ # of Joints _____

Expansion covers:

No _____ Yes _____

Condition _____ Repair required, explain: _____

Estimated date for installation to begin: _____

Estimated job completion date: _____

Will all material on the roofing job be supplied by INLAND COATINGS?

No _____ Yes _____

If no, please specify: _____

Type of Warranty Requested: _____ Years: _____

Please attach any relevant supporting documents and return completed Pre-Inspection Form to: **INLAND COATINGS – ATTENTION: WARRANTY DEPARTMENT.**

To be warrantable, all roof installations must be made in complete compliance with Inland Coatings sample design guidelines.

I certify that this project will be installed according to Inland Coatings Sample Design Guidelines

Applicator Signature_____
Date