

## 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 &amp; 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 \_\_\_\_\_ Ft<sup>2</sup>  
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 \_\_\_\_\_

