Roof Self-Inspection Program

In New England, our roofs face harsh elements year-round and can wear fast. The purpose of the roof self-inspection program is to uncover potential roof defects before they result in claims due to structural damage, potential bodily injury and associated financial loss. Please keep in mind that this program is intended for inspections of FLAT roofs only. Please do not conduct self-inspections on pitched roofs, hire a professional*.*

**Program Instructions**

• Using the criteria on this page, conduct roof inspections twice per year for each building, preferably one in the fall and one in the spring. Additional inspections may be needed after a major rain, wind or snowstorm.

• Inspections should be conducted for each of your main buildings with flat roofing systems. As a guide, you can prioritize by the value of a building and by the amount of foot traffic in a building.

• Use the Roof Self-Inspection Summary Form to schedule and track your inspections.

• Use the Roof Self-Inspection Corrective Action Summary Form to track your corrective actions.

• A sample roof inspection checklist is provided to assist with field notes, however a copy of each checklist is not necessary for credit.

• Inspections should only be conducted by properly trained employees who are not only familiar with roof maintenance but with associated safety requirements.  If you are not properly trained, this service should be contracted to a qualified vendor.

**Rewards Credit**

• Submit the Roof Self-Inspection Summary Form and the Roof Self-Inspection Corrective Action Summary Form by May 31st. Both forms are required for credit. Use additional pages if necessary to list correction actions.

• Up to 2% property coverage credit will be applied based on thoroughness of inspections as determined by Risk Management staff.

**Program Criteria**

Please confirm the following at each of the facilities you plan to inspect.

• Are roof drains blocked by leaves or other debris?

• Are there any depressions or low spots in the roof?  (Standing water or staining will indicate low spots)

• Are there any soft spots on the roof indicating a need for insulation repair or a safety concerns?

• Are penetration areas and flashing in good condition?

• Are gutters and downspouts clear from debris to allow for proper drainage?

• Are there any overhanging tree limbs that could cause a problem?

• Are there any blisters, splits, failing seams, tears, punctures etc. occurring?

• Are there any exterior wall cracks above roofs that could lead to a leak?

Roof Self-Inspection Summary Form

**Member Name**  Insert Name of Town     **Inspector Name:** Insert Inspector Name

**Instructions:** This form should be used to track your roof self-inspections. Two inspections should be conducted per building each year, preferably one in the fall and one in the spring. Once the inspection has been completed, the inspector should “initial and date” in the corresponding month below. Please inspect flat roofs only for this program.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Building** | **July** | **Aug.** | **Sept.** | **Oct.** | **Nov.** | **Dec.** | **Jan.** | **Feb.** | **March** | **April** | **May** | **June** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Reward Coordinator Signature**      **Date Submitted to MIIA:** Insert Date

By signing this form, I certify that to the best of my knowledge the inspections were completed as per the guidelines on page 1 of the roof self-inspection guidelines.

Roof Self-Inspection Checklist

**Member Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facility:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspector Name:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Exposure | Yes | No | N/A | Corrective Action Needed | Assigned  To | Date Completed |
| Are roof drains blocked by leaves or other debris? |  |  |  |  |  |  |
| Are there any depressions or low spots in the roof?  (Standing water or staining will indicate low spots) |  |  |  |  |  |  |
| Are there any soft spots on the roof indicating a need for insulation repair or a safety concerns? |  |  |  |  |  |  |
| Are penetration areas and flashing in good condition? |  |  |  |  |  |  |
| Are gutters and downspouts clear from debris to allow for proper drainage? |  |  |  |  |  |  |
| Are there any overhanging tree limbs that could cause a problem? |  |  |  |  |  |  |
| Are there any blisters, splits, failing seams, tears, punctures etc. occurring? |  |  |  |  |  |  |
| Are there any exterior wall cracks above roofs that could lead to a leak? |  |  |  |  |  |  |
| Comments: | | | | | | |

**PLEASE INSPECT FLAT ROOFS ONLY (Mark YES or NO response with an “X”)**

Roof Self-Inspection Corrective Action Summary Form

**Member Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Inspector Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility Name** | **Month or Date of Inspection** | **Corrective Action Needed** | **Assigned  To** | **Date Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Reward Coordinator Signature**   **Date Submitted to MIIA:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I certify that to the best of my knowledge the inspections were completed as per the guidelines on page 1 of the roof self-inspection guidelines.