



ROOF MAINTENANCE INSPECTION



Church Name:

Building Name:

Address:

Roof Type:

Roof Last Replaced:

(date)

Roof Last Repaired:

(date)

Condition of roof covering (comment as warranted)

Condition of materials such as flashing, fasteners, and sealants (comment as warranted)

Assessment of water drainage (comment as warranted)

Debris removal (comment as warranted)

Repair or replacement of damaged roofing materials (comment as warranted)

Roof Inspection Report Completed by:

(Printed Name)

(Signature)

(Title)

(Date)

**Please complete this form annually and retain it on paper or digital form.
A copy may be requested in case of a roof damage claim.**