

#2 Industrial Park Drive · PO Box 497, Morrilton, AR 72110  
Customer Service: (800) 535-8597 · Fax: (501) 354-3019 · www.bitec.com

## General Information

Project Name\*: \_\_\_\_\_

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

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_

On-site contact: \_\_\_\_\_

On-site contact #: \_\_\_\_\_

Installer/Contractor\*: \_\_\_\_\_

BITEC Inspector\*: \_\_\_\_\_

Other parties present (below list names, company, position, etc.):

BITEC Project #\*: \_\_\_\_\_

Inspection Date\*: \_\_\_\_\_

Inspection Type\*: \_\_\_\_\_

Temperature (°F)\*: \_\_\_\_\_

Precipitation present:  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Roof areas observed (ex: "Main Roof"; "Upper Roof"; "All areas"; "North Wing"; "Gymnasium", etc.):

## On-site Storage

Not observed  On rooftop  In trailer  On ground/parking lot

Rolled roofing upright on pallets?  Yes  No (if no, notify contractor)

Plastic wrap on insulation materials slit and/or removed?  Yes  No (if no, notify contractor)

Are materials covered with a tarp?  Yes  No

If yes, is the tarp breathable?  Yes  No (if no, notify contractor)

Does material on site match the approved Warranty Application?  Yes  No (if no, notify contractor)

Kettle on site?  Yes  No; Temperature of bitumen (°F): \_\_\_\_\_

GENERAL OBSERVATIONS	
Condition	Describe observations:
<input type="checkbox"/> Open/loose laps	
<input type="checkbox"/> Fishmouths	
<input type="checkbox"/> Blisters/mole runs	
<input type="checkbox"/> Splits in membrane	
<input type="checkbox"/> Granule loss or scuffs	
<input type="checkbox"/> Scorch marks	
<input type="checkbox"/> Punctures	
<input type="checkbox"/> Excessive lap bleed	
<input type="checkbox"/> Alligatoring	
<input type="checkbox"/> Ponding water	
<input type="checkbox"/> Dislodged piping	
<input type="checkbox"/> Missing walkpads	

PENETRATIONS				
Detail	If observed, describe any defects or concerns:			
<input type="checkbox"/> Angle-iron penetration				
<input type="checkbox"/> Electrical conduit				
<input type="checkbox"/> Goose neck penetration				
<input type="checkbox"/> I-beam penetration				
<input type="checkbox"/> Pipe/equipment frame				
<input type="checkbox"/> Pitch pan filler/sealant				
<input type="checkbox"/> Waste Stack				
<input type="checkbox"/> Other				
TERMINATIONS				
Detail	If observed, describe any defects or concerns:			
<input type="checkbox"/> Parapet wall <input type="checkbox"/> Racking / diagonal wrinkling in flashing observed	Coping	Counter Flashing	Termination Bar	Parapet Edge
	<input type="checkbox"/> Metal	<input type="checkbox"/> Reglet	<input type="checkbox"/> Exposed	<input type="checkbox"/> Present
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Surface-mounted	<input type="checkbox"/> Counter flashed	<input type="checkbox"/> N/A
<input type="checkbox"/> Roof edge	Stripping ply	Sealant	Splice plates	Splitting at joints
	<input type="checkbox"/> Evident	<input type="checkbox"/> Yes	<input type="checkbox"/> Present	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not evident	<input type="checkbox"/> No	<input type="checkbox"/> Missing	<input type="checkbox"/> No
<input type="checkbox"/> Equipment Curb	Counter Flashing		Termination Bar	
	<input type="checkbox"/> By HVAC unit		<input type="checkbox"/> Exposed	
	<input type="checkbox"/> Surface-mount		<input type="checkbox"/> Counter flashed	
<input type="checkbox"/> Expansion Joint (roof-to-roof)	Stripping Ply		Sealant	
	<input type="checkbox"/> Evident		<input type="checkbox"/> Yes	
	<input type="checkbox"/> Not evident		<input type="checkbox"/> No	
<input type="checkbox"/> Expansion Joint (roof-to-wall)	Counter Flashing		Termination Bar	
	<input type="checkbox"/> Reglet		<input type="checkbox"/> Exposed	
	<input type="checkbox"/> Surface-mount		<input type="checkbox"/> Counter flashed	
DRAINAGE				
Quality	<input type="checkbox"/> All drains clear <input type="checkbox"/> Blockage (describe):			
Detail	If observed, describe any defects or concerns:			
<input type="checkbox"/> Internal Drain (primary)				
<input type="checkbox"/> Internal Drain (overflow)				
<input type="checkbox"/> Scupper (primary)				
<input type="checkbox"/> Scupper (overflow)				
<input type="checkbox"/> Gutter				
<input type="checkbox"/> Drainage trough				

**Comments or other observations:**

BITEC Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_