



Daily Inspection Checklist

Inspection Date:			
Project Name:			
Address:			
Roof Deck Type: _____ <input type="checkbox"/> underside exposed <input type="checkbox"/> underside concealed			
Fire Department Telephone Number:			
Police Department Telephone Number:			
Building Owner's Name:			
Building Owner's After-hours Telephone Number:			
Pre-job Inspection			
√	HAZARDS AND CONDITIONS	Actions Taken	Initials
General Conditions			
	Job-site housekeeping		
	Exposed roof edges		
	Equipment and hose organization		
	Low or poorly ventilated roof areas		
	Changed conditions since previous day (e.g., combustible or flammable materials stored by building owner)		
	Wind conditions		

Fire Safety		Specific codes discussed:	
	Local building codes and regulations		
Official's name:			
Date contacted:			
Official's telephone number:			
	Job-site no-smoking signs	Posted locations:	
Fire extinguishers			
	Type ABC		
	Quantity		
	Inspection dates		
	Plastic seals		
	Pressure		
	Location relative to torching		
	Location relative to cylinders		
	Emergency telephone numbers posted		
Posted locations:			
	Combustible roof deck	Deck type: _____	
	Combustible materials below roof deck		
Locations:			
Combustible flashing substrates			
	Cant strips		
	type: _____		
	Wood nailers		
	Flashing substrate		
	type: _____		
Adjacent combustible building components			
	Door thresholds		
	Siding materials		
	Window sills		
	Other		

Concealed attic or crawl space areas			
	Access: _____ _____ _____		
	HVAC or utility service lines		
Rooftop mechanical equipment			
	Wall louvers		
	Air intakes		
	Exhaust vents		
	Lint or sawdust collectors		
	HVAC units		
	Air-filtering units		
	Water chillers		
	Condensing units		
	Other equipment		
Wall or flashing components			
	Counterflashings		
	Coping caps		
	Through-wall scuppers		
	Others		
Perimeter edges			
	Gravel stop		
	Gutter		
	Drip edge		
	Other		
In-progress Inspections			
Unattended torches			
	Shut off		
	Lit		
Under-deck inspections (Include concealed attic areas) Access locations		Inspection times: a.m.	Inspection times: p.m.

Post-job Inspections and Tasks		
Fire Watch		Ongoing from ____:____ a.m./p.m. to ____:____ a.m./p.m.
Under-deck inspections access locations (include concealed attic areas)		Inspection times
Rooftop inspections		Inspection times
	Open field of roof	
Rooftop mechanical equipment (list)		
Walls and flashing components (list)		
Perimeter edges (list)		
LP Gas Cylinder Storage		
	All cylinders stored	Location (ground or roof area):
	Grouped together	
	Secured	Method used: _____
	Cylinder valves tightly shut off	
Torching Equipment		
	Inspected for damage	
	All equipment stored	Location
	Other	
	Other	