

ROOF INSPECTION FORM

A: WEATHER: WEATHER REPORT AT START OF WORK DAY WHEN WORK IS COMPLETE OR STOPPED DUE TO WEATH

START OF WORK DAY:	TEMP:	WEATHER:
END OF WORK DAY:	TEMP:	WEATHER:

B: WORKERS: NUMBER OF WORKERS PRESENT, ALSO NOT THE PRESENCE OF ROOFERS INTENDED SUPERVISOR

WORKERS _____ SUPERVISOR INITIAL _____