SECTION 07 08 00

**COMMISSIONING OF THERMAL AND MOISTURE PROTECTION**

**BASED ON DFD MASTER SPECIFICATION DATED 02/27/15**

***This section has been written to cover most (but not all) situations that you will encounter. Depending on the requirements of your specific project, you may have to add material, delete items, or modify what is currently written. The Division of Facilities Development expects changes and comments from you.***

**P A R T 1 ‑ G E N E R A L**

**SCOPE**

This section includes commissioning forms for construction verification and functional performance testing. Included are the following topics:

PART 1 - GENERAL

Scope

Related Work

Reference

Submittals

PART 2 - PRODUCTS

(Not Used)

PART 3 - EXECUTION

***DO NOT INCLUDE ANY COMMISSIONING FORMS for PRELIMINARY review. Just edit the list below and only submit pages 07 08 00-1 through 07 08 00-2 with strikethroughs.***

Commissioning Forms

CV-07 10 00 Dampproofing and Waterproofing

CV-07 20 00 Thermal Protection

CV-07 31 00 Shingle Roofing

CV-07 33 63.01&.03 Vegetated Roof Assembly

CV-07 33 63.02 Vegetated Roof Assembly

CV-07 51 13 Built-up Asphalt Roofing

CV-07 53 23 Ethylene-Propylene-Diene-Monomer Roofing

CV-07 56 00 Fluid Applied Roofing

**RELATED WORK**

Section 01 91 01 or 01 91 02 – Commissioning Process

**REFERENCE**

Applicable provisions of Division 1 shall govern work under this section.

**SUBMITTALS**

Reference the General Conditions of the Contract for submittal requirements.

Reference Section 01 91 01 or 01 91 02 Commissioning Process for Construction Verification Checklist and Functional Performance Test submittal requirements.

**P A R T 2 – P RO D U C T S**

(Not Used)

**P A R T 3 – E X E C U T I O N**

**COMMISSIONING FORMS**

Commissioning forms are to be filled in as work progresses by the individuals responsible for installation and shall be completed for each installation phase.

Provide a description of the work completed since the last entry, the percentage of the total work completed for the system for that area and the step of installation or finalization.

Circle Yes or No for each commissioning form item. If the information requested for an item does not apply to the given stage of installation for the system, list it as “N/A”. Explain all discrepancies, negative responses or N/A responses in the negative responses section.

Once the work is 100% complete and the responses to each item are complete and resolved for a given commissioning forms group, mark as complete, initial and date in the spaces provided.

Provide copies of the commissioning forms to the commissioning agent 2 days prior to construction progress meetings.

***Edit the individual construction verification checklists and provide additional checklists as needed to reflect the verification requirements of assemblies, components, equipment and systems to be commissioned on this project.***

***DO NOT INCLUDE ANY of the following***

***COMMISSIONING FORMS for PRELIMINARY review. Just edit the list in Part I above and only submit pages 07 08 00-1 through 07 08 00-2 with strikethroughs.***

**CV-07 10 00 – Dampproofing and Waterproofing**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate has been examined, and is clean and acceptable for installation.
2. Fins, ridges, mortar and other projections on the substrate have been removed and any pockets, holes or other voids have been filled.
3. Material has been properly fitted around projections.
4. Membrane sheets are accurately aligned and have the specified overlaps.
5. Sheets have been bonded with approved adhesive.
6. System is installed as specified, in accordance with manufacturer's recommendations.
7. Membranes have been protected from foot traffic (if applicable).
8. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 20 00 – Thermal Protection**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** | **9)** | **10)** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is clean with all projections removed and prepared for installation.
2. For roof applications, all roof openings and penetrations are in place, curbs are set, roof drain bodies are securely clamped in place, and all wood cants, blocking, curbs and nailers are securely anchored to roof deck.
3. Insulation installed in specified thickness for each application and type.
4. Insulation is cut to fit around obstructions tightly.
5. Insulation edges are butt tightly and joints are staggered.
6. Board insulation is bonded with approved adhesive and contact bedding is maximized.
7. Friction fit batt insulation is cut to fit between framing members.
8. Faced batt insulation is installed toward warm side of construction.
9. Perimeter board insulation is minimum 24” below grade line.
10. All insulation systems are installed as specified and in accordance with manufacturer's recommendations

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 31 00 – Shingle Roofing**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. Underlayment installed as specified and in accordance with manufacturer’s written instructions.
3. All wood cants, blocking, curbs and nailers are securely anchored to roof deck.
4. Shingle roofing is installed as specified, in accordance with manufacturer's recommendations.
5. Valley installation method installed as specified (Woven; Closed-Cut; Open).
6. Ridge vents installed as specified.

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 33 63.01 & .03 – Vegetated Roof Assembly**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** | **9)** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. All roof openings and penetrations are in place, curbs are set and roof drain bodies are securely clamped in place.
3. All wood cants, blocking, curbs and nailers are securely anchored to roof deck.
4. Substrate boards are installed in continuous straight lines, tightly butted, perpendicular to roof slopes with end joints staggered between rows (if applicable).
5. Insulation installed in specified thickness, with specified fastening system, and in two or more layers if over 2”.
6. Tapered insulation installed conforming to the slopes indicated and per roofing manufacturer’s recommendations (if applicable).
7. Walkways installed as shown and according to manufacturer’s written instructions (if applicable).
8. System is installed as specified, in accordance with manufacturer's recommendations.
9. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 33 63.02 – Vegetated Roof Assembly**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. All roof openings and penetrations are in place and curbs are set and roof drain bodies are securely clamped in place.
3. All wood cants, blocking, curbs and nailers are securely anchored to roof deck.
4. System is installed as specified, in accordance with manufacturer's recommendations.
5. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 51 13 – Built-up Asphalt Roofing**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** | **9)** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. All roof openings and penetrations are in place, curbs are set and roof drain bodies are securely clamped in place.
3. All wood cants, blocking, curbs and nailers are securely anchored to roof deck
4. Built-up roofing system is installed as specified, in accordance with manufacturer's recommendations.
5. Tapered insulation is installed per manufacturer’s recommendations and at the specified slopes (if applicable).
6. Insulation is fastened to roof deck in method specified and complies with manufacturer’s requirements.
7. Flashing installed in required locations and as specified and per manufacturer’s requirements.
8. Walkway pads installed as designed.
9. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 53 23 – Ethylene-Propylene-Diene-Monomer Roofing**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) SURFACE & INSULATION INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. All roof openings and penetrations are in place, curbs are set, roof drain bodies are securely clamped in place, and all wood cants, blocking, curbs and nailers are securely anchored to roof deck.
3. Substrate board installed in continuous straight lines, tightly butted, perpendicular to roof slopes with end joints staggered between rows (if applicable).
4. Insulation installed in specified thickness, with specified fastening system, and in two or more layers if over 2”.
5. Insulation joints staggered a minimum of 6” for each layer.
6. Tapered insulation installed conforming to the slopes indicated and per roofing manufacturer’s recommendations (if applicable).
7. 48” x 48” sumps with gradual slopes provided at each roof drain.

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**C) MEMBRANE INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Membrane panels sized to minimize field seams.
2. Membrane allowed to rest a minimum of 30 minutes in position prior to seaming.
3. Membrane cleaned per specifications prior to seaming.
4. All field seams a minimum of 3” and rolled perpendicularly to seam with steel roller.
5. Adhered membrane installed as specified and according to roofing system manufacturer’s written instructions (if applicable).
6. Mechanically fastened membrane installed as specified and according to roofing system manufacturer’s written instructions (if applicable).
7. Loosely laid ballasted membrane installed as specified and according to roofing system manufacturer’s written instructions (if applicable).
8. All field seams in membrane cleaned and sealed with sealant at conclusion of day.

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**D) FLASHING INSTALLATION & FINALIZATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Cured flashing provided at waterdam portion of the roof edge/fascia at all roof perimeters.
2. Uncured flashing provided on mechanical equipment curbs, other penetrations and wherever two field seams cross to form a “t” (T-seam).
3. Totally bond (95 to 100%) all flashing to its substrate and round all exposed corners.
4. A minimum 6” x 6" patch of uncured flashing provided for all T-seams.
5. All field seams in flashing cleaned and sealed with sealant at conclusion of day.
6. Plumbing vents flashed per detail and vent stacks extended as necessary to provide heights of 8" to 12" above the finished roof surface.
7. Walkways installed as shown and according to manufacturer’s written instructions (flexible or pavers – if applicable).
8. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**CV-07 56 00 – Fluid Applied Roofing**

**Identification/Tag: \_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A) PRE-INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |  |  |  |  |  |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Shop drawings, product data and samples have been submitted and approved.
2. All materials are as designed, specified, and approved.
3. Materials are undamaged and in original packing.
4. Installation crew is qualified and certified.
5. Pre-roofing conference has been held (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |

**B) INSTALLATION CHECKS**

| **Date** | **Description of Work Performed** | **%**  **Complete** | **Initials** | **Questions (See details below)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **2)** | **3)** | **4)** | **5)** | **6)** | **7)** | **8)** | **9)** | **10)** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
|  |  |  |  | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** | **YES**  **NO** |
| **❑ CHECKLIST GROUP COMPLETE** | | | | **INITIALS:** | |  | | | **DATE:** | |  | | |

**Question Details**

1. Substrate is acceptable and prepared for installation.
2. All roof openings and penetrations are in place, curbs are set, roof drain bodies are securely clamped in place, and all wood cants, blocking, curbs and nailers are securely anchored to roof deck.
3. Primer has been applied at manufacturer’s recommended rate.
4. Rubberized asphalt has been heated and applied according to manufacturer’s written instructions.
5. Insulation board installed over membrane in straight lines, with end joints staggered between rows and installed in specified thickness and layers (insulation thicknesses over 2” are done in two or more layers).
6. Geotextile fabric installed over insulation, with overlapping edges and ends of at least 12”.
7. Aggregate ballast installed uniformly and at rate required by the insulation manufacturer (if applicable).
8. Roof pavers installed according to insulation manufacturer’s written instructions (if applicable).
9. System is installed as specified, in accordance with manufacturer's recommendations.
10. Required tests and inspections have been performed and results are acceptable (if applicable).

**Negative Responses**

| **Group/Item** | **Date**  **Found** | **Found**  **By** | **Location** | **Reason for Negative Response** | **Resolved** | **Date**  **Resolved** | **Resolution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |
|  |  |  |  |  | **YES / NO** |  |  |