

QUALITY CONTROL SHEET
Torch-On ROOFING MEMBRANE INSTALLATION



DATE:

JOB:	SITE NAME:	
	ADDRESS:	
	OWNER:	
	ARCHITECT:	
	BUILDER Company / Person:	
	ROOFING CONTRACTOR:	
	ROOFING FOREMAN ON JOB:	(Approves stages)
	NOTES:	
	Inspection Person / company	
PRODUCT:	MEMBRANE NAME(S):	
	ROLL NUMBERS:	
	INVOICE NUMBERS FOR ROLLS: BATCH NUMBER OF PRIMER:	
Brief Description of roof construction:		
Detail part of site being inspected accurately:		
Detail (CIRCLE) inspection type on this occasion: SUBSTRATE, PREPARATION, FALLS / PRE_FILL, PRIMING, BASE SHEET, CAP SHEET, PAVING, FLASHINGS_DEATILS		

APPROVALS

STAGE:	DATE:	SIGNED:
Substrate / sub-fill; STRUCTURE: Falls		
ROOF STRUCTURE: Concrete in good condition? Plywood H3.2. CCA waterbased treatment?		
ROOF STRUCTURE FIXINGS:		
Ventilation: the roof space must be ventilated above the insulation. Is it naturally vented or are vents installed?		
GUTTER DETAILS: To correct falls. Cural coated.		
PARAPET DETAILS:		
PRIMING:		
FILLETING:		
1 ST LAYER APPROVED:		
2 ND LAYER APPROVED Staggered ends & sides		
Penetrations Penetrations must be sealed appropriately as per details. Confirm		
PROTECTION BOARDS APPLIED (if applicable)		
FINAL JOB APPROVAL:		
COMMENTS ON: WEATHER CONDITIONS. Comment on bad weather encountered / dates.		
1.0. DRYNESS OF SUBSTRATE: Detail substrate problems		
2.0 SITE DAMAGE:		
3.0 DETAIL problems or issues or incorrectly installed products:		
4.0 Inspection circle: Approved / declined (issues) (circle problems above)		
COPIES ON COMPLETION:	File	
Comment on contract peculiarities: Are digital photos retained?	Client?	

Signed / date: