

Roof Assessment Form

Version 11.22



Homeowner	
Address	

So I can help you best, would it be alright if I asked you a few questions?

Notes:

OVERVIEW

1. Reason for call? Existing Leak Maintenance/Prolong Life Other

2. How were you referred to Roof Maxx?: Friend/Relative/Neighbor? Internet? Other

3. How long have you lived in your home? () years / () months

4. How old do you think the existing roof is? () years / () months

5. Have you/are you experiencing leaks? Yes No

6. Have you had shingles blow off? Yes No

7. Have you noticed loss of granules? Yes No

8. How long has the issue existed? () years / () months

9. When does it occur? Every Rain Wind Driven Soaking Rain

10. Have you attempted to fix? Yes No

11. Has roof been professionally inspected in last 5 years? Yes No

12. Existing Insurance Claim? Yes No

13. Do you plan to sell within the next 5 years? Yes No

14. Time frame for project? Immediate One Month Other

15. Goal for work: Make shingles last as long as possible? Overall Roof Performance? Both

16. If we were able to extend life of roof 5 years would you be able to invest: \$500 \$1,500 \$3,000

ROOF TOP INSPECTION

Roof Debris

- Leaves Light Medium Heavy
- Needles Light Medium Heavy
- Tree Limbs Light Medium Heavy

Roof Growth

- Algae Light Medium Heavy
- Moss Light Medium Heavy
- Lichen Light Medium Heavy

Shingle Style

- 3 Tab Dimensional T-Lock
- Other: _____

Shingle Condition

- Hail Damaged Yes No
- Missing Yes No
- Torn Yes No
- Cracked Good Fair Poor
- Curling Good Fair Poor
- Granule loss Good Fair Poor
- Flexibility Good Fair Poor
- Seals Good Fair Poor

Roof Decking

- Soft spots Buckling

Comments:

Roof Attachments & Accessories

- Skylight(s) Condition Good Fair Poor
- Skylight Material? Glass Acrylic
- Heat & Plumbing Pipes Good Fair Poor
- Roof Vents Good Fair Poor

Flashing

- Step/Wall flashing Good Fair Poor
- Perimeter edge flashing Good Fair Poor
- Chimney (counter flashing) Good Fair Poor

Notes:

ROOF TOP CONTINUED

Gutters & Downspouts

- Leaves/Debris Light Medium Heavy
- Downspouts Clogged Yes No
- Sealed Properly Yes No
- Fastened Properly Yes No

IN THE HOME

Walls & Ceilings

- Evidence of Leaks Yes No

Other:

IN THE ATTIC

Roof Deck

- Warping
- Rotting
- Dry rot
- Staining

Comments:

Moisture Inspection

- No signs of moisture
- Some signs of moisture
- Excessive signs of moisture

Comments:

Click in the center of the grid below to upload image.

					DIRECTION _____				
					DIRECTION _____				

ROOF AREA

_____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 _____ x _____ = _____ SF
 Sub Total = _____ SF
 Waste% = _____ SF
TOTAL = _____ SF

Slope _____
 Access Good Fair Poor
 Property Protection Basic Extreme

TUNE UP

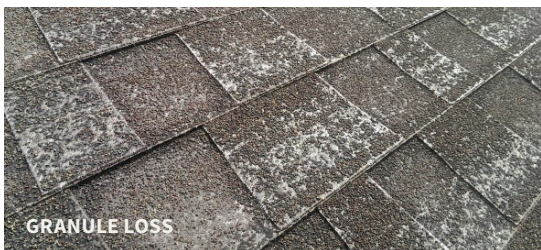
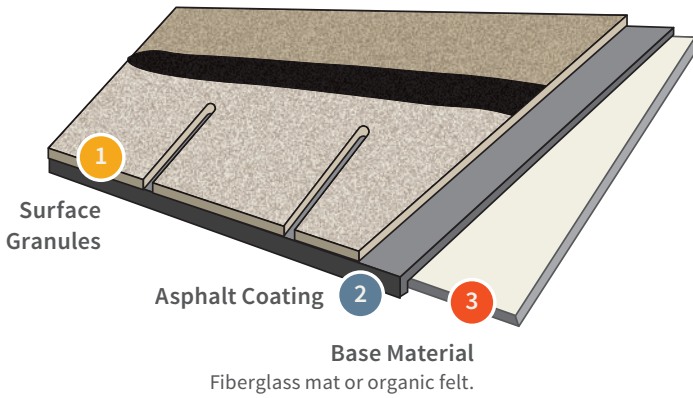
Shingles _____ = _____
 Pipes _____ = _____
 Vents _____ = _____
 Walls _____ = _____
 Eaves _____ = _____
 Gutter _____ = _____
 Other _____ = _____
 Other _____ = _____
 (Count up items or lineal feet to address)

ROOF CLEANING

Algae _____ = _____
 Debris _____ = _____
 Moss _____ = _____
 Lichen _____ = _____

Notes:

Roof Assessment Report



ROOF SHINGLE CONDITION			
Asphalt Flexibility	Green	Yellow	Red
Granule Loss	Green	Yellow	Red
Curling	Green	Yellow	Red
Missing/Cracked	Green	Yellow	Red
Hail Damage	Green	Yellow	Red
Seals	Green	Yellow	Red

PLUMBING BOOT GASKET			
Cracks/Splits	Green	Yellow	Red

ROOF FLASHINGS			
Condition	Green	Yellow	Red

ROOFING SUBSTRATE			
Warping/Buckling	Green	Yellow	Red

ROOF DEBRIS			
Debris/Tree Damage	Green	Yellow	Red

ROOF MAXX TREATMENT QUALIFICATION

- Treatment not suggested yet ■
- Treatment suggested ■
- Replacement suggested ■

Potential # of treatments: _____



PROJECT PREPARATION CHECKLIST			
	N/A	Yes	No
1. Scheduling process explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pre Job and Post Job process explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Property Protection explained? (Need to move furniture etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Informed to close all windows and doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Discussed that we will need to be able to work freely around home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discussed driveway and access concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Located water and power access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discussed warranties and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Discussed payment method(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Permission for job sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How do you plan on financing your project?			
<input type="checkbox"/> Cash/Check <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> H.E.L.O.C <input type="checkbox"/> S.A.C. <input type="checkbox"/> Installment			
14. Are there any events you'd like to schedule your project around?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments _____			
15. Do you plan on taking time off work for the project?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments _____			
16. Are there any plants or shrubs that need extra special care?			
17. Special details or needs to make sure we address or avoid?			
1. _____			
2. _____			
3. _____			

ROOF INVESTMENT CALCULATOR

1. NEW ROOF PRICE					\$ _____
2. ROOF MAXX PRICE					\$ _____
3. NEW ROOF LIFE					_____ (YEARS)
4. ROOF MAXX LIFE					_____ (YEARS)
5. NEW ROOF ANNUAL COST					\$ _____
6. ROOF MAXX ANNUAL COST					\$ _____
					INITIAL SAVINGS
					\$ _____
ANNUAL DIFF \$	\$ _____	X 5 YEARS	\$ _____	TOTAL ANNUAL SAVINGS	\$ _____
					TOTAL SAVINGS
					\$ _____

Thank you for having us out!



www.roofmaxx.com