



Certified Roofing Torch Applicator Training Program

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 4A60BC | | |
| | 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 access locations (include concealed attic areas) | | 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. | |
| (include concealed attic areas) | Under-deck inspections access locations 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 | | |