

DFCM Roofing History Record
Built up Roof

State Building #

DFCM Project #

Facility Name:

Building Name and Address:

Roof Section Description:

Roofing Contractor Name and Address:

Sub-contractors:

Roof System manufacture:

Installation Date:

Warranty Information:

Manufacture:

Contractor:

Roof Area (sq./ft.)

Building Use:

Height above Ground:

Access to Roof Area: Ladder_____ Roof Hatch_____ Stairs_____

Roof System Information

New Construction: _____ Re-Roof: _____ Old Roof Removed: Yes_____ No_____

Comments: _____

Deck Type:

Slope:

Insulation:

Layer #1	Manufacture:	Thickness:	Attachment:
Layer #2	Manufacture:	Thickness:	Attachment:

Layer #3 Manufacture: Thickness: Attachment:

Taper Explain: _____

System Type: Hot_____ Cold_____ Modified_____ Torch_____ Other_____

Bitumen Brand Name_____ Manufacture_____

Felt Type:

Base Sheet: Brand Name_____ Manufacture:_____ Attachment_____

Ply Sheet: Brand Name_____ Manufacture:_____ Plies_____

Flashing Type:

Brand Name:_____ Manufacture_____ Attachment_____

Surfacing: Gravel_____ Slag_____ Cap Sheet_____ SBS Cap Sheet_____

Smooth Surface Coating_____ Other_____

Brand Name_____ Manufacture_____

Drainage:

Internal Roof Drains_____ Perimeter Gutter_____ Internal Gutter_____ Scuppers_____

Primary:

Manufacture: Size: Quantity:

Overflow:

Manufacture: Size: Quantity:

Details:

Walls: _____

Edge: _____

Expansion Joints: _____

Walkways: _____

Other: _____

Roof Top Equipment:

Mechanical: Unit Types: _____ Curb Types: _____
Quantity _____

Fans/Vents: Unit Types: _____ Curb Types: _____
Quantity _____

Other: Unit Types: _____ Curb Types: _____
Quantity _____

Pipe Penetrations:

1" Quantity: _____ Flashing Type: _____
1 1/2" Quantity: _____ Flashing Type: _____
2" Quantity: _____ Flashing Type: _____
3" Quantity: _____ Flashing Type: _____
4" Quantity: _____ Flashing Type: _____
5" Quantity: _____ Flashing Type: _____
6" Quantity: _____ Flashing Type: _____
Other Quantity: _____ Flashing Type: _____

Additional Comments or Drawings: _____

DFCM USE ONLY	
State building # _____	Vendor ID _____
Installation year _____	Roof type _____
Manufacturer _____	Deck type _____